

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035849

STATE FILE NUMBER

FILED NOV 7 1958		Registration District No. 77		Primary Registration District No. 3016		Registrar's No. 314	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MILLER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ELDON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPT		Length of stay in 1b 24 HRS.		d. STREET ADDRESS (If outside, give location) VERNON + HAPPY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT MILLER DONLEY				4. DATE OF DEATH Month Day Year OCT. 30 1958			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR. 23, 1924	9. AGE (In years last birthday) 34	10. FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN + MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY UNION ELECTRIC CO		11. BIRTHPLACE (City and state or country) CLARKSBURG, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SMITH DONLEY		13b. MOTHER'S MAIDEN NAME OPAL WILLIAMS		14. NAME OF HUSBAND OR WIFE LA VERN DONLEY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.2		16. SOCIAL SECURITY NO. 575-14-1171		17. INFORMANT Address MRS. R.M. DONLEY CEDAR, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intra cranial laceration DUE TO (b) Skull fracture DUE TO (c) 9028 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of skull, pelvis, & right leg.						INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 12 hrs.	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from pole (33 ft high).					
20c. TIME OF INJURY Hour Month, Day, Year 11:30 a.m. 10-30-58		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Miller County Mo on Union Electric high line					
21. I attended the deceased from 10:30-58 to 11:30-58 and last saw him alive on 10-30-58 Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Pearl A Dwyer M.D. Jefferson City, Mo		(Degree or title)		22b. ADDRESS		22c. DATE SIGNED 10-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 1, 1958		23c. NAME OF CEMETERY OR CREMATORY CALIFORNIA CITY		23d. LOCATION (City, town, county) (State) CALIFORNIA MO.	
24. FUNERAL DIRECTOR Luis D. Phillips		ADDRESS CEDAR, MO		25. DATE RECD. BY LOCAL REG. 1 November 1958		26. REGISTRAR'S SIGNATURE R.P. Harris, MA MR	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8961 71 AON

6961 2 NAC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Louis D. Preslin*

Licensed Embalmer No. *3663*
P. O. Address *Bedford*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.