

COPY OF CERTIFICATE OF DEATH  
STATE OF VERMONT

CODING DH-VS-9c-25M-55

Certificate No. 282

1. FULL NAME OF DECEASED (First) (Middle) (Last) <b>EDWARD O'DONNELL</b>			2. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28, 1957</b>		
3. PLACE OF DEATH a. COUNTY <b>Rutland</b>			4. USUAL RESIDENCE (If institution—residence before admission) a. STATE <b>Vermont</b>		
b. CITY <del>RUTLAND</del> (If rural, please state) <b>Rutland</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	b. COUNTY <b>Rutland</b>		c. <del>RUTLAND</del> TOWN (If rural, please state) <b>Poultney</b>
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>The Rutland Hospital</b>			d. STREET ADDRESS (If rural, give R. F. D. number) <b>Granville Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARITAL STATUS (Check one) <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	8. DATE OF BIRTH <b>7/29/80</b>	9. AGE (In years last birthday) <b>77</b>	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Kind of work done most of working years) <b>Gas Station Att.</b>		10b. BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE <b>Hampton, N.Y.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Maurice O'Donnell</b>			15. MOTHER'S MAIDEN NAME <b>Margaret Burke</b>		
14. FATHER'S BIRTHPLACE (Town) (State or Country) <b>Ireland</b>		16. MOTHER'S BIRTHPLACE (Town) (State or Country) <b>Ireland</b>		17. NAME OF HUSBAND OR WIFE <b>Irene Flood</b>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (Give war & dates of service)		19. SOCIAL SECURITY NO.	20. INFORMANT'S NAME (Person giving this information) <b>The Rutland Hospital</b>		
21. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complications which caused death. II. ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Medical Certification (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c)			DURATION <b>1 week</b>  <b>1 month</b>	
21. OTHER SIGNIFICANT CONDITIONS (Contributing to the death but not related to disease or condition causing it)					
22. DATE OF OPERATION		22a. MAJOR FINDINGS OF OPERATION			23. AUTOPSY Yes <input type="checkbox"/> No <input type="checkbox"/>
24a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		24b. PLACE OF INJURY (In home, farm, factory, street, etc.)		24c. CITY OR TOWN COUNTY STATE	
24d. TIME OF INJURY (Month, day, year) (hour) m		24e. INJURY OCCURRED While at work <input type="checkbox"/> Not at work <input type="checkbox"/>		24f. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <b>11/23/57</b> 19 <b>57</b> , to <b>11/28</b> 19 <b>57</b> that I last saw deceased alive on <b>11/28</b> 19 <b>57</b> and that death occurred at <b>7:27P</b> m, from the cause and on the date stated above.					
26a. SIGNATURE (Degree or Title) <b>William A Pratt MD</b>			26b. ADDRESS <b>Rutland Vt</b>		26c. DATE SIGNED <b>11/29/57</b>
27a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		27b. DATE <b>Dec. 1, 1957</b>	27c. NAME OF CEMETERY OR CREMATORY <b>St. Raphael's</b>		27d. LOCATION (Town or County) (State) <b>Poultney, Vt.</b>
28. DATE REC'D BY <del>RUTLAND</del> CITY CLERK <b>Nov 30 1957</b>		29. CLERK'S SIGNATURE <b>H P Battles</b>		30. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McShane Funeral Home Owen H. McShane, Jr. Poultney, Vt.</b>	
True Copy (Clerk's Signature) <b>City of Rutland</b> Attest: <i>Mary P. Balliett, Asst. City Clerk</i> Date: <b>December 5, 1957</b>					

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