

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

AUG 7 1941 845  
Registration District No.

Primary Registration District No. 6162

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Verona - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital #3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr - 1 mo - 14 days  
(Specify whether years, months or days)  
In this community 1 yr - 1 mo - 14 days

8. (a) PRINT FULL NAME Charles Carl Doosing

8. (b) If veteran, name war None  
8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug 13, 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 20  
If less than one day: - hr. - min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Doosing

13. Birthplace Unknown VA  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown VA  
(City, town, or county) (State or foreign country)

16. (a) Informant Cozette Doosing (daughter)

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 7/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Mo

18. (a) Signature of funeral director Funeral Home

(b) Address Nebraska Mo.

19. (a) 7-3-41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingstone  
(c) City or town Utica  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1941 hour 1:00 minute 00 M.

21. I hereby certify that I attended the deceased from May 19  
1941, to July 3 1941;

that I last saw him alive on July 2 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration Years

Due to Senility

Due to 97

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Reinhold J. Yotter (M. D. or other) JMD

Address Nebraska Mo. Date signed 7-3-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

88  
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RECEIVED

District Health Officer No. 7,

District File Number 8-41-1246

Date Filed 8-5-41

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**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Lloyd R. Winick  
Licensed Embalmer No. 3857

P. O. Address Wooda, Mo

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

**If this body is not embalmed, above space should be left blank.**