FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN. 16 1949

Registration District No. 192

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42456

Primary Registration District No. 3021

Registrar's No. 186

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 102 Country Club Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 3 Weeks.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston.
(c) City or town: ~~333 Washington~~ Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 333 Washington
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Harvey Doolin
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary Lottie Doolin
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: December (Month) 20 (Day) 1858 (Year)

8. AGE: Years 90 Months 0 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace: ~~Somerset~~ Lindley ~~Kentucky~~ (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer.
11. Industry or business: Missouri

FATHER
12. Name: Hiram Doolin
13. Birthplace: ~~Not Known~~ Somerset Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Frances Cooper
15. Birthplace: Not Known Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. S. Kelso
(b) Address: 102 Countryclub Place Trenton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-1-1949 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion. Humphreys.
18. (a) Signature of funeral director: E. J. Robertson Funeral Home.
(b) Address: Laredo
19. (a) Dec 31-1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 28 year: 1948 hour: 11 minute: 30 A.M.

21. I hereby certify that I attended the deceased from Dec 14, 1948 to Dec 28, 1948; that I last saw him alive on Dec 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	1 mo 2 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Manner of injury

23. Signature: E. A. Duffy (M. D. ~~or other~~)
Address: Trenton Mo. Date signed: Dec 28 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Mo.

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