

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19168

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>599</u>					
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>35 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2219 North Howard</u>							
3. NAME OF DECEASED (Type or Print) <u>Charley</u>			a. (First)		b. (Middle) <u>T</u>		c. (Last) <u>DORAN</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 8, 1893</u>			
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 YEAR Days <u>28</u>		IF UNDER 1 HR. Hours <u></u>		Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (State or foreign country) <u>Christian Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Clara Flossie Doran</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Clinical Records, O'Reilly VA Hospital</u>			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Carcinomatosis, intra-abdominal.</u> DUE TO (c) <u>Primary Carcinoma of Esophagus, resected.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>15-0X</u>			
19a. DATE OF OPERATION <u>March 14, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Esophagus</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>June 2, 1949</u> , to <u>July 5, 1949</u> , that I last saw the deceased alive on <u>July 5, 1949</u> , and that death occurred at <u>2:16 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Paul Eisele, M.D.</u>				(Degree or title) <u>( )</u>		23b. ADDRESS <u>O'Reilly VA Hospital, Springfield, Mo.</u>		23c. DATE SIGNED <u>7-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>7-6-49</u>		REGISTRAR'S SIGNATURE <u>W.S. Standley</u>		EMERALD DIRECTOR'S SIGNATURE <u>Borshon</u>		ADDRESS <u>Springfield, Mo.</u>					

(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

*Lena Hunter*

Student Embalmer No. *291*

working under my personal supervision.

Student *Lena C. Hunter*  
Student Embalmer

Signed

*Lewis G. Schaff*

Licensed Embalmer No. *3802*

P. O. Address *Springfield*

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.