

FILED JUN 16 1950

STANDARD CERTIFICATE OF DEATH

6145-<sup>6145</sup>State File No. 22474

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. ~~4444~~ Registrar's No. 54

1. PLACE OF DEATH  
 a. COUNTY **Shelby**  
 b. CITY (If outside corporate limits, write RURAL and give town) **Rural--Salt River**  
 c. LENGTH OF STAY (In this place) **30 YEARS**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Shelby**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural - Salt River** 1020  
 d. STREET ADDRESS (If rural, give location) **North-East of Shelbina**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **Glen** b. (Middle) **Harvey** c. (Last) **Doyle**  
 4. DATE OF DEATH (Month) (Day) (Year) **June 1, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
 8. DATE OF BIRTH **May 7, 1895** 9. AGE (In years last birthday) **55**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**  
 10b. KIND OF BUSINESS OR INDUSTRY **Farming**  
 11. BIRTHPLACE (State or foreign country) **Illinois**  
 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James C. Doyle** 13b. MOTHER'S MAIDEN NAME **Christina Rettig** 14. NAME OF HUSBAND OR WIFE **Annie Valience Doyle**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War I** 16. SOCIAL SECURITY NO. **493-28-6983** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Annie V. Doyle - Shelbyville, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute Myocardial Infarction**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH **4201**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., 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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 19**49**, to **June**, 19**50**, that I last saw the deceased alive on **May**, 19**50**, and that death occurred at **12:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **T. J. Hoerschler, M.D.** 23b. ADDRESS **Shelbina Missouri** 23c. DATE SIGNED **6-5-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6-3-50** 24c. NAME OF CEMETERY OR CREMATORY **Shelbina IOOP** 24d. LOCATION (City, town, or county) (State) **Shelbina, Missouri**

DATE REC'D BY LOCAL REG. **June 7-50** REGISTRAR'S SIGNATURE **Ada Garrison** 419 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. Blaylock Shelbina, Mo.**

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

JUN 16 1950

JUN 7 1950

RECEIVED JUN 12 1950  
District Health Officer No. 10  
District File Number 6-50-981  
Date Filed JUN 15 1950

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 .....  
Student Embalmer

Signed Paul E. Hayes  
Licensed Embalmer No. 4461

P. O. Address Shelton, Me

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.