

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25869

BIRTH NO.		REG. DIST. NO. 4	PRIMARY REG. DIST. NO. 4531	Registrar's No. 55
1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) Shelbyville 1020		
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Ora		b. (Middle) L.		c. (Last) Doyle
4. DATE OF DEATH (Month) (Day) (Year) July 13, 1950				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 17, 1868	9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Shelbyville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Duncan		13b. MOTHER'S MAIDEN NAME / ?	14. NAME OF HUSBAND OR WIFE ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS, MO. John Bealmer, 11090sage, St. Charles,	
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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) aneurysm fibularis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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 10-16-50, 1950, to 7-13-50, 1950, that I last saw the deceased alive on 7-12, 1950, and that death occurred at 1:15 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) H. Wald. Hollich, M.D.		23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 7-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-15-50	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Shelbyville, Mo.	
DATE REC'D BY LOCAL REG. 7-13-50	REGISTRAR'S SIGNATURE Lloyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR - 1950

RECEIVED

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

John J. Hickling

Licensed Embalmer No. _____

3897

P. O. Address _____

Warrenton, 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.