

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23421

State File No.

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6219 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Drywood		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Drywood 1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 0			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) ALMA	b. (Middle) JOSEPHINE		c. (Last) DOLL	June	10	52
5. SEX Female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30 1880	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
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) Macon Co. Mo.		12. CITIZEN OF WHAT COUNTRY? Mo	

13a. FATHER'S NAME James B. Collins		13b. MOTHER'S MAIDEN NAME Almelia Hintz		14. NAME OF HUSBAND OR WIFE Malcolm Doll	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Malcolm Doll		ADDRESS Nevada Mo. R#3	
---	--	--	--	----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension, chronic glomerulonephritis and atherosclerosis			DUE TO (c) 4201

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) (m.)	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 6-20, 1951, to 6-10, 1952, that I last saw the deceased alive on 6-10, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. Bannister MD	23b. ADDRESS Sheldon MO	23c. DATE SIGNED 6-15-52
--	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE June 12 52	24c. NAME OF CEMETERY OR CREMATORY Bickett Cemetery	24d. LOCATION (City, town, or county) (State) Vernon Co. Mo.	
--	--------------------------------	---	--	--

DATE REC'D BY LOCAL REG June 6 1952	REGISTRAR'S SIGNATURE Mrs. Ruth Faith	25. FUNERAL DIRECTOR'S SIGNATURE G. Gerald Beeny	ADDRESS Sheldon MO
---	---	--	------------------------------

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

080
1

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

L. Gerald Beeny

Signed.....
Student Embalmer

Licensed Embalmer No. _____

4783

P. O. Address _____

Shelton 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.