

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28817**

AUG 18 1952

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

BIRTH NO. _____ REG. DIST. NO. **228** PRIMARY REG. DIST. NO. **4342** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Montgomery	
b. CITY OR TOWN JONESBURG		c. CITY OR TOWN Jonesburg	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 07+0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) HARRIETTE PEARL DOTHAGE		4. DATE OF DEATH (Month) (Day) (Year) Aug 11 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 2 1883
9. AGE (In years) (Months) (Days) (Hours) (Mins.) 68		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME John Mobley		11b. MOTHER'S MAIDEN NAME Emma McFadden Martin Dohage	
11c. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME Martin Dohage Jonesburg MO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 59.2 x	
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) (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 April 10, 1952 to Aug 11, 1952 that I last saw the deceased alive on Aug 10, 1952 and that death occurred at 6:15 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Drop or title) Dr. C. S. ...		23b. ADDRESS Jonesburg, MO	
23c. DATE SIGNED Aug 15 1952			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Aug 14 52	
24c. NAME OF CEMETERY OR CREMATORY Waverly		24d. LOCATION (City, town, or county) (State) Waverly MO	
DATE REC'D BY LOCAL REG. Aug 16 1952		REGISTRAR'S SIGNATURE W. M. ...	
25. FUNERAL DIRECTOR'S SIGNATURE BA Harding		ADDRESS Jonesburg MO	

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 *Carl A. Daidig*

Licensed Embalmer No. *4115*

P. O. Address *Conisley 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.