

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8741

State File No.

FILED APR 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>5096</u>		Registrar's No. <u>30</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Bates</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Bates</u>		admission)		
b. CITY (If outside of corporate limits, write RURAL and give township) OR TOWN <u>Butler Mt. Pleasant</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside of corporate limits, write RURAL and give township) OR TOWN <u>Butler Mt. Pleasant</u>		0070		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Pine Tree Rest Home</u>				
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX		
a. (First) <u>David</u>	b. (Middle) <u>Milton</u>	c. (Last) <u>Doty</u>	(Month) <u>March</u>	(Day) <u>29</u>	(Year) <u>1953</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
(Type or Print)						8. DATE OF BIRTH <u>Aug. 25, 1861</u>	9. AGE (in years last birthday) <u>91</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter - Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Co., Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13a. FATHER'S NAME <u>John Doty</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Snider</u>	14. NAME OF HUSBAND OR WIFE <u>Hannah Jane Sprout</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
							16. SOCIAL SECURITY NO. <u>No</u>	
							17. INFORMANT'S SIGNATURE OR NAME <u>Coty Haskell Doty</u>	
							ADDRESS <u>Fosters</u>	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>							<u>48 hrs</u>
*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	DUE TO (b) _____						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 <u>491X</u>						20. AUTOPSY?	
							YES <input type="checkbox"/> NO <input checked="" 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 <u>938</u> , <u>1950</u> , <u>March 29th</u> , 1953, that I last saw the deceased alive on <u>Mar 28</u> , 1953, and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. S. Laffue M.D.</u>				23b. ADDRESS <u>Butler Mo.</u>		23c. DATE SIGNED <u>3-30-53</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calkhill Cemetery</u>	24d. LOCATION (City, town, or county) <u>Butler</u>	24e. (State) <u>Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Mar 30-53</u>	REGISTRAR'S SIGNATURE <u>Kendall Kerry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>17 Culver-Underwood</u>	ADDRESS <u>Butler</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

070
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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

Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.