

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21288

State File No.

FILED JUL 13 1953
BIRTH NO. 35490 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 601-A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freistatt</u>	
c. LENGTH OF STAY (In this place) <u>2 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ZARK OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Paula</u>	b. (Middle) <u>Jean</u>	c. (Last) <u>Doss</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 14, 1953</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Cecil Theodore Doss</u>	13b. MOTHER'S MAIDEN NAME <u>Erna May Osterloh</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil T. Doss, Freistatt, Missouri</u>	ADDRESS <u>Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u>		
	ANTECEDENT CAUSES <u>Acute Bronchopneumonia</u>		
	DUE TO (b) <u>Acute Dehydration</u>		
	DUE TO (c) <u>Acute gastric dilation.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Acute Dehydration</u>			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute gastric dilation.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7630</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 6/22, 1953, to 6/22, 1953, that I last saw the deceased alive on 6/22, 1953 and that death occurred at 7:12 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edith Williams</u>	23b. ADDRESS <u>400 E. Sunshine, Springfield</u>	23c. DATE SIGNED <u>6/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>June 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freistatt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Freistatt Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-8-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marsh Funeral Home, Aurora, Missouri</u>	ADDRESS <u>Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert E. Mullman*

Licensed Embalmer No. *4916*

P. O. Address *Amara, 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.