

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23719

State File No.

FILED JUL 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bedmont</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bedmont</u> 4703	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>705 S. Fullmer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u>	b. (Middle) <u>ROY</u>	c. (Last) <u>DONEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 23, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wayne Cousin</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lawrence Doney Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Joss</u>	14. NAME OF HUSBAND OR WIFE <u>Gene McAllister</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)	16. SOCIAL SECURITY NO. <u>498-05-7253</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gene Doney</u> ADDRESS <u>705 S. Fullmer, Bedmont</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heat Prostration</u>		
	DUE TO (c) <u>OVER 9315 46</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>OVER</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Bedmont Wayne Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Margaret E. Bunkle Coronar</u>	23b. ADDRESS <u>Bedmont Mo.</u>	23c. DATE SIGNED <u>6/29/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-1-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Doney</u>	24d. LOCATION (City, town, or county) (State) <u>Bedmont Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 29, 1953</u>	REGISTRAR'S SIGNATURE <u>Hazel Ward</u> 450	25. FUNERAL DIRECTOR'S SIGNATURE <u>Therman H. Gish</u> ADDRESS <u>Bedmont</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

This person became excited while searching for a small Nephew who was lost. He became overheated and fell face down in a Country Road. He had also been under Doctors care for 2 yrs. for a heart condition.

RECEIVED

JUN 20 1953

WAYNE CO. HEALTH CENTER

FILE NO. 653-31

JUN 7 1953

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Maurice E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Detroit, Mich.*

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.