

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

35365

State File No. \_\_\_\_\_  
Registrar's No. 91

FILED OCT 26 1953

REG. DIST. NO. 75

PRIMARY REG. DIST. NO. 4138

0250  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Can be legible

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO-</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>		c. CITY OR TOWN <u>LATHROP</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>FREDERICK</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>DOYLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAY 25-1879</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FIREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SERVICE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>John Doyle</u>	13b. MOTHER'S MAIDEN NAME <u>Bridget Connelly</u>	14. NAME OF HUSBAND OR WIFE <u>John Doyle &amp; Teresa B.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-12-8760</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Doyle - 6203 Longview Hickman Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as suffocation, asphyxiation, strangulation, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Clinton Co Mo</u> 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		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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ott Reimer Co. Mo. 3rd</u>		23b. ADDRESS <u>Lathrop Mo.</u>	23c. DATE SIGNED <u>OCT 26 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo</u>
DATE REC'D BY LOCAL REG. <u>10-21-53</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	GENERAL DIRECTOR'S SIGNATURE <u>Richard C. ...</u> ADDRESS <u>Clinton Mo</u>	

DEC 9 1958

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.....  
Signature of Student Embalmer

Signed *Harold L. Walker*

Licensed Embalmer No. *458*

P. O. Address *Fairhope*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State File No. 85364-23

State of MISSOURI

County of JACKSON

SS. AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. ....

On this 19th day of January, 1954, before me appears JOSEPH P. DOYLE, who, upon his oath, states that the original record of birth for FREDERICK ARTHUR DOYLE, died born MAY 25 1877, in the State of Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 1953, should be corrected as follows:

Item No. 7 should read MARRIED (WIFE'S NAME Teresa B. Doyle)  
Instead of DIVORCED (Shown as Jess Doyle)

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joseph P. Doyle Son  
6263 Longview Rd., Hickman Mills, Mo.  
Present Address.

Subscribed and sworn to before me this 19th day of January, 1954

My Commission expires 1 August, 1954 Notary Public. Edward Earnshaw

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

