

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2490

State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6056 Registrar's No. 1

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| 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lowry City</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lowry City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lowry City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles N.W. Lowry City</u> | | d. STREET ADDRESS (If rural, give location) <u>7 miles N.W. Lowry City</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Wallace</u> b. (Middle) <u>W.</u> c. (Last) <u>Doty</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 1, 1954</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, 4, 1892</u> | 9. AGE (In years last birthday) <u>61</u> | # UNDER 1 YEAR Months _____ Days _____ | # UNDER 24 HRS. Hours _____ Min. _____ |
|---------------------------|--------------------------------------|--|---|--|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Atkinson Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Walter Doty</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Wright</u> | 14. NAME OF HUSBAND OR WIFE <u>Nellie Doty</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Doty, Lowry City Missouri</u> | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Death Instant</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death by fall from windmill tower</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heart failure</u> DUE TO (c) <u>should be replaced by Pulmonary artery Prosthesis of Percutaneous Prosthesis to neck F9021</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home of farm</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lowry City St. Clair Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-1-1954 3 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fall from windmill tower</u> |
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22. I hereby certify that I attended the deceased from 1942 to Jan 1, 1954, that I last saw the deceased alive on Dec. 30, 1953 and that death occurred at 3 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W.B. Doorman M.D.</u> | 23b. ADDRESS <u>Lowry City Mo.</u> | 23c. DATE SIGNED <u>1-3-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-3-54</u> | 24c. NAME OF CEMETERY OR CREMATORY. <u>Valley Center</u> | 24d. LOCATION (City, town, or county) (State) <u>Lowry City Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-3-54</u> | REGISTRAR'S SIGNATURE <u>Frank Seewers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Doorman</u> | ADDRESS <u>Lowry City Mo.</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.