

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3615**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (In this place) 5 Days		d. STREET ADDRESS (If rural, give location) 419 Russell	
d. FULL NAME OF HOSPITAL OR INSTITUTION Putnam Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Emmett	b. (Middle) Lafayette	c. (Last) Dooley	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1954
-------------------------------------	--------------------------	------------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2-1897	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR 11 Months 11 Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman at M.F.A. Seed Div.	10b. KIND OF BUSINESS OR INDUSTRY Wheatland, Missouri	11. BIRTHPLACE (State or foreign country) U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Lafayette Dooley	13b. MOTHER'S MAIDEN NAME Margaret Cowan	14. NAME OF HUSBAND OR WIFE Alma Hofstetter Dooley
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-16-6036	17. INFORMANT'S SIGNATURE OR NAME Luther H. Dooley	ADDRESS Jefferson City, Mo.
--	--	---	------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular accident		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4221	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.) Marshall Saline Mo.	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 **1/9/54**, 19**54**, that I last saw the deceased alive on **1/12/54**, 19**54**, and that death occurred at **9:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald G. Shaw, D.C.	23b. ADDRESS 9 1/2 E. North Street, Marshall, Mo.	23c. DATE SIGNED 1/13/54
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/16/54	24c. NAME OF CEMETERY OR CREMATORY Summit M. G. Park, Marshall, Mo.	24d. LOCATION (City, town, or county) (State)
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 1.14.1954	REGISTRAR'S SIGNATURE Esther J. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Perry	ADDRESS Marshall, Mo.
---	---	-----	---	------------------------------

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

09720

JAN 22 1954

MAR 26 1954

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 *J. Leslie Perry*

Licensed Embalmer No. *2225*

P. O. Address *24 Marshall, Va*

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.