

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6097

State File No. ....

FILED MAR 4 1954

1370

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Dexter</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5902 Horton Pl.</u>			e. STREET ADDRESS (If rural, give location) <u>816 No. Sassafras St. 1030</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Doan</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 54</u>		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. 20 1880</u>		9. AGE (In years last birthday) <u>73</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milling Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville Ky.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Doan</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Dollahand</u>		
14. NAME OF HUSBAND OR WIFE <u>Dora Doan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. V. Sitz</u>		18. ADDRESS <u>5902 Horton Pl.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>		DUE TO (b) <u>General Arteriosclerosis</u>			<u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Partial Intestinal Obstruction</u>			<u>3 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					<u>10 days</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4500</u>		
22. I hereby certify that I attended the deceased from <u>Dec 1953</u> to <u>2/11, 1954</u> , that I last saw the deceased alive on <u>2/11</u> , 19 <u>54</u> and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>J. F. Mistachkin M.D.</u>			23b. ADDRESS <u>3903 Olive St.</u>		23c. DATE SIGNED <u>2/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>		
24d. LOCATION (City, town, or county) (State) <u>Dexter Mo.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.H. Hoppe 4704 Washington Ave.</u>		

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.....  
Signature of Student Embalmer

Signed..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address..... *St. Louis*

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.