

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11691

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 532 PRIMARY REG. DIST. NO. 532 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN STANTON MO)		c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN STANTON MO d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE STANTON MO.		e. STREET ADDRESS (If rural, give location) 0360	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) EVERTT c. (Last) DOYLE			4. DATE OF DEATH (Month) (Day) (Year) 4 29 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-1-1904		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months 5 Days 28 IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and State or Foreign Country) SULLIVAN MO.	
13a. FATHER'S NAME GEORGE DOYLE			13b. MOTHER'S MAIDEN NAME LULA WEST		14. NAME OF HUSBAND OR WIFE MINNIE BLANTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-14-1078		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MINNIE DOYLE STANTON MO.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As advanced Pulmonary tuberculosis & Silicosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs Yes.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Silicosis		
	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		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)		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 Jan, 1951, to 4/29, 1954, that I last saw the deceased alive on 4/29, 1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE John J. DeLore (Degree or title) MD		23b. ADDRESS Sullivan, Mo		23c. DATE SIGNED 4/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-1-1954		24c. NAME OF CEMETERY OR CREMATORY STANTON CEMETERY	
24d. LOCATION (City, town, or county) (State) STANTON MO.					

DATE REC'D BY LOCAL REG. May 11, 1954		REGISTRAR'S SIGNATURE Shanessa Dempsey 491-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos P. Shaffer Sullivan Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 3 1955

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.....
Signature of Student Embalmer

Signed Paul F. Krulle.....

Licensed Embalmer No. 263

P. O. Address Subha

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.