

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19717

State File No. ....

FILED JUN 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 27

6690

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

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STOUTSVILLE</b>		c. LENGTH OF STAY (in this place) <b>13 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stoutsville, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Stoutsville, Mo</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>LULIA</b> b. (Middle) <b>S</b> c. (Last) <b>DOOLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 17, 1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEBRUARY 22 1870</b>		9. AGE (In years last birthday) <b>84</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b> IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>LAKENAN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>BARNET SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH LEAKE</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES W. DOOLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James W. Dooley</b> ADDRESS <b>Stoutsville</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b>				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				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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 17, 1954</u> to <u>June 17, 1954</u> that I last saw the deceased alive on <u>June 17, 1954</u> , and that death occurred at <u>2 A.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>M.D. M. Barnett</b>			23b. ADDRESS <b>PARIS, MO.</b>		23c. DATE SIGNED <b>6-17-54</b>
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>BURIAL</b>	24b. DATE <b>6-19, 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Andrews Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoutsville, Missouri</b>		
DATE REC'D BY LOCAL RES. <b>6-21-54</b>	REGISTRAR'S SIGNATURE <b>J. D. Barnett, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wilson &amp; Sons, Monroe City Mo</b>		

**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 .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo.

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.