

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **433447**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5643</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY OR TOWN <u>Concordia</u>		c. LENGTH OF STAY (in this place) <u>45 min.</u>		c. CITY OR TOWN <u>Marshall</u>		0972		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Highway 40</u>				d. STREET ADDRESS (If rural, give location) <u>368 West Arrow Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Joseph</u>		c. (Last) <u>Doyle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 18 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 11, 1899</u>		9. AGE (in years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>priest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Roman Catholic priesthood</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Charles A Dibbins</u> ADDRESS <u>Lexington, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>multiple internal injuries</u>				45 min.				
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 (Specify) <u>SHOULDER HIGHWIDE accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. 40 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>54</u> (COUNTY) <u>Lafayette</u> (STATE) <u>Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>November 18 1954 10 P.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Nov 18</u> , 1954, and that death occurred at <u>10:45 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward M.D.</u> (Degree or title)				23b. ADDRESS <u>Concordia, Missouri</u>		23c. DATE SIGNED <u>11-18-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-17-55</u>		REGISTRAR'S SIGNATURE <u>Clyde A. Bridger</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Harold F. Tempel</u>		ADDRESS <u>Lexington, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

4833

FEB 4 1955

JAN 28 1961

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 *W. M. Lean*

Licensed Embalmer No. *2983*

P. O. Address *Lexington, Miss*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.