

STANDARD CERTIFICATE OF DEATH 5308 State File No. 7664

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural; c. LENGTH OF STAY (in this place) Blackwater Twp. 15 Yrs.		c. CITY OR TOWN Blackwater Rural d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.		STREET ADDRESS (If rural, give location) R.F.D. 0270	
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) S c. (Last) Doty,		4. DATE OF DEATH (Month) (Day) (Year) March 18 1955	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21 1880
9. AGE (In years less birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Isaac Doty		13b. MOTHER'S MAIDEN NAME Virginia Hill	
14. NAME OF HUSBAND OR WIFE Bessie Nowlin Doty.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Doty, Blackwater, Mo.		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Complete fracture Lumbal spine & internal injuries</i> ANTECEDENT CAUSES <i>Pinned beneath tractor</i> DUE TO (b) <i>Pinned beneath tractor</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>E9121</i> <i>3.</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ANATOMICAL RECORD YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm</i>	
21c. (CITY, TOWN, OR TOWNSHIP) <i>Blackwater Twp. Cooper</i> (COUNTY) <i>Mo</i> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Mar. 18 1955 P. m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Upturned tractor fell on victim</i>			
22. I hereby certify that I attended the deceased from <i>11:00</i> to <i>1:00</i> , that I last saw the deceased alive on <i>Mar. 18</i> , 19 <i>55</i> , and that death occurred at <i>Blackwater</i> , Mo., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. L. DeKraege M.D. - Coroner</i>		23b. ADDRESS <i>Boonville Mo</i>	
23c. DATE SIGNED <i>3/19/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 20 1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Old Lamine Cemetery</i>		24d. LOCATION (City, town, or county) <i>Cooper County, Mo.</i> (State)	
DATE REC'D BY LOCAL REG. <i>3/20/55</i>		REGISTRAR'S SIGNATURE <i>D. Hooper 3817</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Goodman & Boller</i>		ADDRESS <i>Boonville, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *William W. Wood*

Licensed Embalmer No. *453*

P. O. Address *Boonville, M*

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.