

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26130

State File No. _____

3604

FILED SEP 7 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 1/2 weeks</u>		* STREET ADDRESS (If rural, give location) <u>404 W. Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Douglas</u> b. (Middle) <u>G</u> c. (Last) <u>Doyal</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 1950</u>
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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>May 4, 1912</u>	9. AGE (In years) (If under 1 year: Months) (If under 2 hrs: Days) (Hours) (Min.) <u>38</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Skiatook, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>O. E. Doyal</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Novella</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Novella Doyal, Carrollton, Mo</u>	ADDRESS _____
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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, 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* <u>Terminal Pneumonia</u>		<u>72 hrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized Carcinomatosis</u>	<u>8 mo</u>
		DUE TO (c) <u>Adeno Carcinoma Colon</u>	<u>12-18 mo</u>
			<u>153X</u>

19a. DATE OF OPERATION <u>Apr 28 - 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Generalized Carcinomatosis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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24a. 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Apr 18, 1955, to Aug 16, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Christ M.D.</u> (Degree or Title) _____	23b. ADDRESS <u>224 Riello Bldg. Mo</u>	23c. DATE SIGNED <u>8-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-16-55</u>	REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Mortuary, Carrollton, Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Earl R. Knox

SEP 8 1958

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 *John P. Sidner*.....
Licensed Embalmer No. 45.....
P. O. Address *Kansas*.....

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.