

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36146**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 297

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CALLAWAY</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>CALLAWAY</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u> |  | c. CITY OR TOWN <u>FULTON</u>   | d. Is 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 <u>CALLAWAY HOSPITAL</u>                           |  | e. STREET ADDRESS (If rural, give location) <u>906 Nichols</u> 01430  |   |

|   |                            |   |  |   |  |
|---|----------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ALOYS</u> b. (Middle) <u>BERNARD</u> c. (Last) <u>DOERHOFF</u> |                            |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 17 1955</u>               |   |  |
| 5. SEX <u>M.</u>  | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 28, 1892</u>                                      | 9. AGE (In years last birthday) <u>63</u> | 10. F UNDER 1 YEAR <u>4</u> MONTHS <u>19</u> DAYS <u>19</u> HOURS <u></u> MIN. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR</u>       |                            | 10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>                    | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. ELIZABETH MO</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                     |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>JOSEPH DOERHOFF</u>                                   | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BAX</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS A. B. DOERHOFF</u>                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>815</u>             | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs A. B. Doerhoff</u> ADDRESS <u>Fulton Mo</u> |

|   |  |   |  |   |
|---|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>17 1/2 hr</u> |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <u>Hypertensive CR</u>   |  | <u>Ign</u>  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>4201</u>   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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 type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from March 15, 1949, to Nov. 17, 1955, that I last saw the deceased alive on Nov. 17, 1955, and that death occurred at 3:24 A. M., from the causes and on the date stated above.

|  |  |                                       |
|--|--|---------------------------------------|
| 23a. SIGNATURE <u>J. R. York</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>555th - Fulton Mo.</u> | 23c. DATE SIGNED <u>Nov. 18, 1955</u> |
|--|--|---------------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CR</u> | 24b. DATE <u>Nov. 19, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>HILL-CREST</u> | 24d. LOCATION (City, town, or county) (State) <u>FULTON MO.</u> |
|---|--------------------------------|--|---|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Nov. 19-1955</u> | REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> 4263 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>MANPIN FUNERAL HOME</u> ADDRESS <u>FULTON, MO.</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 1951

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.....  
*J. J. Rosson*

Licensed Embalmer No. *25*

P. O. Address *Fulton*

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.