

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4214**

BIRTH NO. _____ REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **5321** Registrar's No. **3**

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 OR TOWN COTTON		c. CITY OR TOWN COTTON	
c. LENGTH OF STAY (in this place) 80 yrs.		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		No. STREET ADDRESS (If rural, give location) 1 mile North 0270	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) (NMI) c. (Last) DOERNER			4. DATE OF DEATH FEB. 14 - 1956 (Month) (Day) (Year)		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH SEPT. 17, 1870		9. AGE (in years last birthday) 85		IF UNDER 1 YEAR: Months 4 Days 27		IF UNDER 4 HRS. Hours - Min. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING			11. BIRTHPLACE (City and State or Foreign Country) MONITEAU COUNTY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME WILLIAM DOERNER			13b. MOTHER'S MAIDEN NAME WILHELMINA HINES			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Minnie Schwickhammer		ADDRESS Jupton	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction - Recurrent		DUPLICATE				2 yrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE Arteriosclerosis					
		DUPLICATE (b)					
		DUPLICATE (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		4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				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 **Dec 21, 1953**, to **Dec 24, 1955**, that I last saw the deceased alive on **Dec 24, 1955**, and that death occurred at **4:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. T. Luchert		23b. ADDRESS Jupton, Mo		23c. DATE SIGNED 2-15-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) Jupton, Missouri	
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DATE REC'D BY LOCAL REG. Feb 23 1956		REGISTRAR'S SIGNATURE U. T. Muehlth		25. FUNERAL DIRECTOR'S SIGNATURE Richard D. Conn		ADDRESS Jupton, Mo.	
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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..... *Richard D. Conn*.....

Licensed Embalmer No. *470*

P. O. Address *Lepton, N*

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.