

FILED MAR 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7867

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural-Breton		c. CITY OR TOWN Rural-Breton	
c. LENGTH OF STAY (In this place) 25yrs		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 2 Mi. E. Potosi		e. STREET ADDRESS (If rural, give location) 2 Mi. E. Potosi	
3. NAME OF DECEASED (Type or Print) Ross		4. DATE OF DEATH March 8 1956	
a. (First) Ross		b. (Middle) Monroe	
c. (Last) Doolin		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 9-8-1868		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City, and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Inman Doolin		13b. MOTHER'S MAIDEN NAME Polly Shelton	
13c. NAME OF HUSBAND OR WIFE Mary Doolin		14. NAME OF HUSBAND OR WIFE	
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.	
17. INFORMANT'S SIGNATURE OR NAME Joseph Politte		ADDRESS Mineral Point, Mo	
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) Stroke rt. side High Blood pressure DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 334x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Stroke		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural Breton	
21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Wash, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 9 A m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Dr. P. L. Gibson		23b. ADDRESS Potosi, Mo	
23c. DATE SIGNED 3-9-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-1956	
24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		24d. LOCATION (City, town, or county) (State) Potosi, Mo	
DATE REC'D BY LOCAL REG. 3/10/56		REGISTRAR'S SIGNATURE 403-0	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Potosi, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 13

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *Mary M. Smith*.....

Licensed Embalmer No. *43*

P. O. Address *Potosi, Mo.*

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.