

Dr. Doubler

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH12979  
STATE FILE NUMBER

FILED MAY 7 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1612 W. LEE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 5 years			
3. NAME OF DECEASED (Type or print) First MIDDLE Last DOROTHY SHIRKEY			4. DATE OF DEATH Month Day Year APRIL 29 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH OCT. (?) 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CLEVELAND, OHIO	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME HURBERT SHIRKEY		
14. MOTHER'S MAIDEN NAME MINNIE WOOLCOTT			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 Address MRS. ELMER SCNEDER SPRINGFIELD, MO		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> DUE TO (b) <u>Art. Sclerotic Heart Dis.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Encephalitis (long standing 20 yrs.)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>15 yrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4/29/56</u> to <u>4/29/56</u> and last saw her <u>alive</u> on <u>4/29/56</u> Death occurred at <u>10:40 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. G. H. Doubler, M.D.</u>			22b. ADDRESS <u>406 Prof. Bldg. Sp. Sld. No.</u>		22c. DATE SIGNED <u>4/30/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <u>5/2/56</u>		23c. NAME OF CEMETERY OR CREMATORY GREENLAWN	
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		24. FUNERAL DIRECTOR H. H. LOHMEYER		25. DATE RECD. BY LOCAL REG. 5-1-56	
26. REGISTRAR'S SIGNATURE <u>Erith Williams</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lucien T. Small*.....

Licensed Embalmer No. *1000*

P. O. Address *Spring*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.