

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21022

State File No. _____

FILED JUL 10 1956

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>120</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>75 min.</u>		c. CITY OR TOWN <u>East St. Louis Ill.</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>Wallace Hospital</u>				No. STREET ADDRESS (If rural, give location) <u>498 N. 37th. St.</u> <u>8128</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virnice B.</u> b. (Middle) <u>Dousett</u> c. (Last) <u>Dousett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 23, 1906</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aluminum Co. employee</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Galena, Kansas</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph L. Dousett</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Schellinger</u>		14. NAME OF HUSBAND OR WIFE <u>Leona</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>329-105-847</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leona Dousett</u> ADDRESS <u>East St. Louis Ill.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u> ANTECEDENT CAUSES DUE TO (b) <u>Chest injuries, broken right leg</u> <u>body lacerations</u> DUE TO (c) <u>Car wreck on U.S. 66 13 mi west Lebanon Mo.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8234</u>					INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Accident U.S. Highway 66</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Conway Rural</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Lebanon</u> (COUNTY) <u>Laclede</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-4-56 7:AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car overturned failed to make a curve</u>					
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 <u>9:AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.P. Palmer, Coroner</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>7-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenmount Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>7-5-1956</u>		REGISTRAR'S SIGNATURE <u>Alfred L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Holman Funeral Home Lebanon Mo.</u>			

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

JUL 13 1956

JUL 24 1956

JUL 25 1956

Laclede County Health Department
Lebanon Missouri

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 *Dorsey M. Howe*.....

Licensed Embalmer No. *422*

P. O. Address *Lebanon*

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.