FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32220

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route to Cal. Hosp. — Length of stay in 1b nil

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Sangamon
c. CITY OR TOWN Williamsville — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Nathan Middle Stanley Last Doty

4. DATE OF DEATH Month Nov. Day 28 Year 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Apr. 3, 1901 9. AGE (In years last birthday) 55 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) Grocer 10b. KIND OF BUSINESS OR INDUSTRY Grocery 11. BIRTHPLACE (City and state or country) Williamsville Ill. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nathan S. Doty 14. MOTHER'S MAIDEN NAME Maude Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. unknown 17. INFORMANT Address Mrs. Mabel Doty Williamsville Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fractures and Torn Brain — INTERVAL BETWEEN ONSET AND DEATH 20 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) One Car Accident on highway

20c. TIME OF INJURY Hour 7:45 a.m. X p.m. Month, Day, Year 11/28/56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 20f. CITY, TOWN, OR LOCATION COUNTY STATE Hiway 54 3 miles north Fulton Mo.

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 8:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nancy A. Stewart (Degree or title) Coroner 22b. ADDRESS Fulton Missouri 22c. DATE SIGNED 11/29/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/1/56 23c. NAME OF CEMETERY OR CREMATORY Walnut Hill 23d. LOCATION (City, town, or county) (State) Hurlburt Illinois

24. FUNERAL DIRECTOR Maupin ADDRESS Fulton Mo. 25. DATE RECD. BY LOCAL REG. Dec-1-1956 26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

DEC 21 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. I. Rosson

Licensed Embalmer No. 25

P. O. Address Fulton

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.