

## STANDARD CERTIFICATE OF DEATH

State File No. **510**

FILED FEB 11 1957

BIRTH NO.		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>121</b>	
1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. LENGTH OF STAY (In this place) <b>30 DAYS</b>		c. CITY OR TOWN <b>SLYVANIA TWP.</b>		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 <b>ST. FRANCIS HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>4 miles S.W.-CHAFFEE, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THEODORE</b> b. (Middle) <b>LOUIS</b> c. (Last) <b>DOHOGNE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 3, 1957</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 8, 1902</b>		9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Days <b>6</b>	IF UNDER 10 YEARS Hours <b>25</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>RED #1 - CHAFFEE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>LOUIS DOHOGNE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY SCHAEFER</b>		14. NAME OF HUSBAND OR WIFE <b>ROSBIE DOHOGNE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ROBERT DOHOGNE - RED #1 - CHAFFEE, Mo.</b>			
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) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart Failure</b> DUE TO (c) <b>Arteric Stenosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>  <b>1 month</b>  <b>30 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>3 Jan</b> , 1957, to <b>3 Feb</b> , 1957, that I last saw the deceased alive on <b>2 Feb</b> , 1957, and that death occurred at <b>7:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert E. Little, M.D.</b> (Degree or title)				23b. ADDRESS <b>1116 Yorkman, Chaffee Mo</b>		23c. DATE SIGNED <b>4 Feb 57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 6, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. AMBROSE CATHOLIC CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>CHAFFEE, MISSOURI</b>	
DATE REC'D BY LOCAL REG <b>2-5-57</b>		REGISTRAR'S SIGNATURE <b>W. G. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bisplinghoff Funeral Home - CHAFFEE, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

44-0

MS  
APR 30 1959

FEB 19 1957

**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 *Jack I. Burnett* .....  
Licensed Embalmer No. *447*

P. O. Address *Chaffee, Va.*

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.