No. 300
10.48

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

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2073

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5799 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARION TWP.
c. LENGTH OF STAY (In this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 MI. W. OF MADISON = HIWAY 24

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MONROE
c. CITY OR TOWN: PARIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): S. MAIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): WARREN
c. (Last): DOOLEY

4. DATE OF DEATH (Month) (Day) (Year): JAN. 10, 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAR. 20, 1917
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months: 9 Days: 20 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICK SETTER
10b. KIND OF BUSINESS OR INDUSTRY: FIRE BRICK MFG. PLANT
11. BIRTHPLACE (City and State or Foreign Country): MONROE CO., MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: R. FRANK DOOLEY
13b. MOTHER'S MAIDEN NAME: SARAH JANE CADWELL
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 486-38-6195
17. INFORMANT'S SIGNATURE OR NAME: R. FRANK DOOLEY, ADDRESS: RT. 1, PARIS, MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fractured Neck — INTERVAL BETWEEN ONSET AND DEATH: Instant

DUE TO (c) Car Upset

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Highway 24 wet

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Machine Ind
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1/2 MI. W. MADISON = HIWAY U.S. 24
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): MARION TOWNSHIP, MONROE CO., MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN. 10, 1957 A.m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? AUTOMOBILE WRECK

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Alex M. Ricketts M.D. (Degree or title)
23b. ADDRESS: Paris Mo. County Physician
23c. DATE SIGNED: 1-11-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 12, 1957
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE CEM.
24d. LOCATION (City, town, or county) (State): PARIS, MO.

DATE REC'D BY LOCAL REG.: 1-11-57
REGISTRAR'S SIGNATURE: Elsie Robertson
25. FUNERAL DIRECTOR'S SIGNATURE: Speed Blakey
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

47

JAN 23 1957
FEB 5 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. H. Agnew.....

Licensed Embalmer No. 4000

PARIS, MISSOURI

P. O. Address .....

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