

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4261**

BIRTH NO. **11356-57** REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hollow		c. CITY OR TOWN Hollow	
c. LENGTH OF STAY (in this place) 43 days		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 Bassett Rd.		e. STREET ADDRESS (If rural, give location) Bassett Rd.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Deborah	b. (Middle) Sue	c. (Last) Doty	March 6, 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan 17, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Doty	13b. MOTHER'S MAIDEN NAME Henrietta Mae Montgomery	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME John Doty ADDRESS Rt 1, Pacific, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Septicemia (causitive agent undetermined)		II. OTHER SIGNIFICANT CONDITIONS Diarrhea		8 hrs?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				0534

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. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00a** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 3	23b. ADDRESS 100 1/2 E. Main St., Union, Mo.	23c. DATE SIGNED 3-6-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-57	24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Mar. 6, 1957	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Schrader Funeral Home Ballwin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

99-0

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 *Richard Bopp*.....

Licensed Embalmer No. *4584*

P. O. Address *Bellwin, 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.