

Health,  
Welfare  
Public  
Service

100  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FILED SEP 16 1957

HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30881

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 968

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in lb 25 yrs	d. STREET ADDRESS (If outside, give location) 1735 Commercial Ave
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Edward Middle B. Last Doyle	4. DATE OF DEATH Month September Day 3, Year 1957.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 17, 1869	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Boilermaker	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Shelby County, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME B. F. Doyle	13b. MOTHER'S MAIDEN NAME Carrie Berlew	14. NAME OF HUSBAND OR WIFE Bertha L. Doyle
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Leland M. Graves	Address St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO: (b) Hypertensive Cardial Vascular Disease		Unk.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443X
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 9/2/57 to 9/3/57 and last saw him alive on 9/3/57 Death occurred at 5:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Charles W. Fleeman M.D.</i>	22b. ADDRESS Social Welfare Board 10th & Olive, Patee Hall St. Joseph, Mo.	22c. DATE SIGNED 9/4/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 5, 1957.	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc., St. Joseph, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Sept 11, 1957	26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton
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SEP 18 1951

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 *Jim J. Chancy* .....

Licensed Embalmer No. 4679 .....

P. O. Address St. Joseph, Mo. ....

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.