

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

47062  
 STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 240

V. S. 300  
 Rev. 1-57

|   |                            |   |   |
|---|----------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>  |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Nevada</b>   |                            | c. CITY OR TOWN <b>Nevada</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1310 W. Hickory</b>   |                            | Length of stay in lb <b>13 Mos.</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br><b>Charles Leslie Doubet</b>   |                            | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>15</b> Year <b>1957</b>  |   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>wh</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Jan. 18, 1886</b>   |
| 9. AGE (In years at birthday) <b>70</b>   |                            | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farming</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Corning, Iowa</b>                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farming</b>   |                            | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>retired</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |
| 13a. FATHER'S NAME<br><b>Dominick Doubet</b>  |                            | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Dawson</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Hattie M. Doubet</b>                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                            | 16. SOCIAL SECURITY NO.<br><b>287-22-6883</b>   | 17. INFORMANT Address<br><b>Mrs. Hattie M. Doubet, Nevada, Mo</b>                                 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>  |                            |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 hours</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                            |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Mild hypertension</b>   |                            |   | 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |
| 20c. TIME OF INJURY<br>Hour _____<br>Month, Day, Year _____<br>a.m. _____<br>p.m. _____   |                            |   |   |
| 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   |   |
| 21. I attended the deceased from <b>11-6-57</b> to <b>12-15-57</b> and last saw her alive on <b>12-15-57</b><br>Death occurred at <b>5 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                            |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>F. H. Hunter M.D.</b>  |                            | 22b. ADDRESS<br><b>218 E. Hunter Nevada, Mo.</b>  |   |
|   |                            | 22c. DATE SIGNED<br><b>12-20-57</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                            | 23b. DATE<br><b>12-18-57</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Newton Burial Park</b>   |                            | 23d. LOCATION (City, town, or county) (State)<br><b>Nevada, Missouri</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Ferry Funeral Home, Nevada, Mo.</b>  |                            | 25. DATE RECD. BY LOCAL REG.<br><b>12-26-1957</b>   |   |
|   |                            | 26. REGISTRAR'S SIGNATURE<br><b>Anna E. Ferry</b>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

Securing the medical certification in the specified manner required by 193.140 MoRS 1929.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
 All diseases in Part I must be causally related.

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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 *L. Douglas Perry* .....

..... Licensed Embalmer No. *4960* .....

P. O. Address *Manassas, 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.