

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014742

STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 162

Primary Registration District No. 53-94

Registrar's No.

S. 300
1-57
500
4

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 8145 a. STATE <u>IOWA</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROBAL MERAMEC</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>FT. MADISON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST JOSEPHS HILL INF.</u>		Length of stay in lb <u>2yr. 7mo - 17 Dns</u>	d. STREET ADDRESS (If outside, give location) <u>515 AVE. E.</u>
3. NAME OF DECEASED (Type or print) First <u>VAL.</u> Middle <u>T.</u> Last <u>DOERING</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>1</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 6 - 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEDICAL DOCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RET.</u>	9. AGE (In years last birthday) <u>77</u>
13a. FATHER'S NAME <u>GEORGE DOERING</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HEROLD</u>	14. NAME OF HUSBAND OR WIFE <u>VIRGINIA MORRISON</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO RECORD</u>	17. INFORMANT <u>BRO ROCH</u> Address <u>ST JOSEPHS HILL INF - EUREKA</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>VIRUS PNEUMONIA</u> DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u> DUE TO (c) <u>SENILITY</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>492X</u>
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 Hour _____ a.m. Month, Day, Year _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-14-55</u> to <u>4-1-58</u> and last saw ^{her} him alive on <u>4-1-58</u> Death occurred at <u>4:55</u> <u>9:55</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. Marder M.D.</u>		22b. ADDRESS <u>ST JOSEPHS HILL INF. EUREKA MO</u>	22c. DATE SIGNED <u>4-1-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>4/1/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FT MADISON</u>	23d. LOCATION (City, town, or county) (State) <u>FT MADISON IOWA</u>
24. FUNERAL DIRECTOR <u>RALPH B NIETER FUN. HOME - FT MADISON IOWA</u>		25. DATE RECD. BY LOCAL REG. <u>APR. 1 1958</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

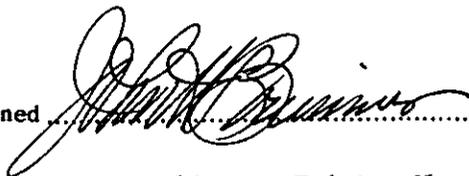
APR 8 1958

APR 18 1958

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 

Licensed Embalmer No. 1470

P. O. Address. *Funeral Home*

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.