

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028601
STATE FILE NUMBER

FILED AUG 22 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 246

1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mokane 0140
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles P. Skill Osteopathic Hospital		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Teddie Britton Dolman			4. DATE OF DEATH Month Day Year August 15, 1958		
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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 February 1, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Watchman	11. BIRTHPLACE (City and state or country) Mokane, Missouri	12. CITIZEN OF WHAT COUNTRY? United States
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13a. FATHER'S NAME William Anderson Dolman	13b. MOTHER'S MAIDEN NAME Georgia Camper	14. NAME OF HUSBAND OR WIFE Eva Ann Sanders
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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.	17. INFORMANT Address Mrs. Guy Maddox, 301 Pierce St., Jefferson City, 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) Acute fatal fracture		INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) General peritonitis + Gangrene	
	DUE TO (c) Myocardial Infarction	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5702		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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 MOKANE	COUNTY MO	STATE MO
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21. I attended the deceased from 8-13-58 , to 8-15-58 and last saw him alive on 8-15-58 Death occurred at 9:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Wagner M.D.	22b. ADDRESS Roll Capital	22c. DATE SIGNED 8-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY MOKANE	23d. LOCATION (City, town, or county) (State) MOKANE, MO
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24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Missouri <i>(By Paul Dulle, Jr.)</i>	25. DATE RECD. BY LOCAL REG. 19 August 1958	26. REGISTRAR'S SIGNATURE R.P. Norris, MD-MR
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Glen Y. Mauhin*

Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.