

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016761

State File No.

FILED MAY 18 1959

BIRTH NO. _____ REG. DIST. NO. 5117-34 PRIMARY REG. DIST. NO. 34 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Cedar</u>)		c. LENGTH OF STAY (in this place) <u>Years</u>	c. CITY OR TOWN <u>Easley</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 Mi. South Columbia</u>		STREET ADDRESS (If rural, give location) <u>R.F.D. #4 Columbia, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Theodore</u> c. (Last) <u>Dothage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-7-1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 2, 1890</u>
9. AGE (In years last birthday) <u>69</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Julius Dothage</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Hase</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW1</u>	
16. SOCIAL SECURITY NO. <u>494-32-0641</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Dothage, Easley Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>4201</u>	
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 <u>CORONER'S CASE</u> , that I last saw the deceased alive on <u>April 9 P.M.</u> , 19 <u>59</u> , and that death occurred <u>April 9 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Vincent P. Perna, M.P. Coroner</u>		23b. ADDRESS <u>Univ. of Mo. Med Center</u>	
23c. DATE SIGNED <u>8 May 1959</u>		24a. BURNAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/10/1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia R.F.D. #4, Mo</u>		DATE REC'D. BY LOCAL REG. <u>5/10/1959</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyman Sprinkle</u> ADDRESS <u>Columbia Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 22 1959

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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 *Zyman K. Spunkle*

Licensed Embalmer No. *4-01-2*

P. O. Address *Columbia,*

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.