Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022015
STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Laclede.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lebanon, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lon Cs. Nursing Home. 175 Morton Road Length of stay in 1b 4 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Waynesville, Mo. Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) None. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Guy Middle Franklin. Last Doolin.
4. DATE OF DEATH Month June Day 12, Year 1959
5. SEX Male
6. COLOR OR RACE White.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH Aug. 6, 1899
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamester.
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (City and state or country) Waynesville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John M. Doolin.
13b. MOTHER'S MAIDEN NAME Mary Matilda Robertson.
14. NAME OF HUSBAND OR WIFE Georgia F. Doolin.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-01-6743
17. INFORMANT Joe H. Doolin. Address 3305 N. Deleware. Kansas City, Kansas.

MEDICAL CERTIFICATION

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 myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's disease following encephalitis
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 May 1959, to 6-12-59 and last saw her/him alive on 6-9-59
Death occurred at 3:30 P.m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) B B Hurst M.D.
22b. ADDRESS Lebanon, Missouri
22c. DATE SIGNED 6-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/14/59
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Garden Cemet.
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas.
24. FUNERAL DIRECTOR Hedges Richland Mo Hedges Funeral Home Way, Mo.
25. DATE RECD. BY LOCAL REG. 6-13-1959
26. REGISTRAR'S SIGNATURE Wella L. Way

(Licensed Embalmer's Statement on Reverse Side)

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.

JUN 23 1959

Date Filed JUN 22 1959

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 Clarence Thomas

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.