

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUN 28 1960

60-022801

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry				
b. CITY (If outside corporate limits, give TOWNSHIP only) Albany		Length of stay in 1b 15 years		c. CITY OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION Gentry County Memorial Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 304 S. Seventh		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Robert Last Doyle				4. DATE OF DEATH Month June Day 19 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/18/93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) insurance & real estate ag.		10b. KIND OF BUSINESS OR INDUSTRY insurance		11. BIRTHPLACE (City and state or country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Dr. George Doyle			13b. MOTHER'S MAIDEN NAME Mary O. Zoll		14. NAME OF HUSBAND OR WIFE Margaret Stapleton Doyle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. _____		17. INFORMANT Mrs. John Doyle		Address Albany, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mural Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis						2 years +		
DUE TO (c) also diabetes m.						10 " +		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 Albany		COUNTY Gentry STATE Mo.		
21. I attended the deceased from March 19, 1958 to _____ and last saw him alive on 6-19-60 Death occurred at 5:35A on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Frank H. Rose, M.D.				22b. ADDRESS Albany, Mo.		22c. DATE SIGNED 6-20-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE June 21 1960	23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) (State) Albany, Missouri			
24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home Albany, Mo.				25. DATE RECD. BY LOCAL REG. 6-21-60		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bay		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Faint, mostly illegible text at the top of the page, possibly containing names and addresses.

SEP 10 1962

JUN 29 1960

JUN 7 1961

Handwritten notes on the left side:
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Handwritten signature and the printed text:
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by me, Student Embalmer No. _____

working under my personal supervision.

Student [Signature] Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 4868

P. O. Address Albany, 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.