URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60-023488

STATE FILE NUMBER

LED VS JUN 21 1960

NDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b 31 yrs	c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Conv. Home — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James	Middle Oscar	Last Dooley	4. DATE OF DEATH Month June	Day 14, Year 1960
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9-15-81	9. AGE (last birthday) 79 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Stoveman	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R	11. BIRTHPLACE (City and state or country) Elberton, Ga.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Lensey Dooley	13b. MOTHER'S MAIDEN NAME Kathrine Webb	14. NAME OF HUSBAND OR WIFE dee		
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. 702-14-5281	17. INFORMANT Mrs. Alberta Thomas.	Address K. C. Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute coronary occlusion	Seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	Years
DUE TO (c)	Generalized arteriosclerosis	Years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 4-14-58, to 6-14-60 and last saw ~~her~~ him alive on 6-8-60

Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dorothy M. Watkins, D.O.	22b. ADDRESS 809 W. Lexington, Independence Mo.	22c. DATE SIGNED 6/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-16-60	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR ADDRESS Mrs. Meek's Mortuary K.C. Mo.	25. DATE RECD. BY LOCAL REG. 6-16-60	26. REGISTRAR'S SIGNATURE James L. Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

JUN 22 1960

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Millard B. Pas

Signature of Student Embalmer

Licensed Embalmer No. 5013

P. O. Address F. C. Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.