

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037875

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 192 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED OCT 16 1961**

1. PLACE OF DEATH  
 a. COUNTY Nodaway  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville Length of stay in 1b/ 4 mos  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp Inside Limits: Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
 a. STATE Mo b. COUNTY Nodaway  
 c. CITY OR TOWN Maryville Inside Limits: Yes  No   
 d. STREET ADDRESS (If outside, give location) 133 Lawn Ave Reside on Farm: Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
William B Doran 10-8-1961

5. SEX male 6. COLOR OR RACE Cau 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-29-1888 9. AGE (last birthday) 72  
 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) retired farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Maryville, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm. Doran 13b. MOTHER'S MAIDEN NAME Mark Allen 14. NAME OF HUSBAND OR WIFE Mrs Agnes Doran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes and/or unknown) | (If yes, give war & dates of service) Yes WWII 17. INFORMANT Address Mrs. Agnes Doran, Maryville, Mo

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebrovascular thrombosis INTERVAL BETWEEN ONSET AND DEATH > 5 yrs  
 DUE TO (b) Cerebral arteriosclerosis  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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, from factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from Jan 1955 to 10/8/61 and last saw her/him alive on 10/8/61  
 Death occurred at 12:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) MD 22b. ADDRESS Maryville 22c. DATE SIGNED 10/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-10-1961 23c. NAME OF CEMETERY OR CREMATORY St. Patricks 23d. LOCATION (City, town, or county) Maryville, Mo. (State) \_\_\_\_\_

24. FUNERAL DIRECTOR ADDRESS Atchison - Maryville, Mo. 25. DATE RECD. BY LOCAL REG. 10-9-61 26. REGISTRAR'S SIGNATURE [Signature]

OCT 24 1961

**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

*George M. Atkinson*

Licensed Embalmer No.

*5114*

P. O. Address

*Waverlyville*

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.