

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023060

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 231

FILED JUL 8 1963

VS 300
Rev. 4/59

0017

8130

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ind. b. COUNTY Benton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | Length of stay in 1b | c. CITY OR TOWN Oxford Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stickler Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Teresa Middle Shelley Last Dolan | | 4. DATE OF DEATH Month June Day 28 Year 1963 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/16/1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY domestic | 9. AGE (last birthday) 85 |
| 11. BIRTHPLACE (City and state or country) Oxford, Indiana | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Michael Shelley | | 13b. MOTHER'S MAIDEN NAME Anne Clifton | 14. NAME OF HUSBAND OR WIFE Wm. Dolan |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) | | 17. INFORMANT 1701 Address Lewis Mr. Joe Dolan-Kirksville, 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) Pyelonephritis - Acute Chronic Osteoarthritis Asthma Chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral Regurgitation DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 2 Mos. 5 Yrs. 10 yrs. 2 yrs. |
| 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 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 | COUNTY STATE |
| 21. I attended the deceased from 11-25-62 to 6-28-63 and last saw her/him alive on 6-28-63 Death occurred at 4:30 pm on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) R. Stickler MD | | 22b. ADDRESS Kirksville Mo | 22c. DATE SIGNED 6-29-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 6/30/63 | 23c. NAME OF CEMETERY OR CREMATORY Oxford Catholic | 23d. LOCATION (City, town, or county) (State) Oxford, Ind |
| 24. FUNERAL DIRECTOR Davis & Davis | | ADDRESS Kirksville | 25. DATE RECD. BY LOCAL REG. June 30, 1963 |
| | | | REGISTRAR'S SIGNATURE Doris W. Raloff |

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 10 1963

R. O. STICKLER, M.D.

Permit issued June 30, 1963

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

R. O. Stickler

Licensed Embalmer No.

5041

P. O. Address

Edina, 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.