

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048578

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 283 Primary Registration District No. 5655 Registrar's No. 357 STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED DEC 30 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		Length of stay in lb <u>30 mos. 6 days</u>	c. CITY OR TOWN <u>SULLIVAN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MISSOURI STATE SANATORIUM</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RT. 2 Box 153</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH DOYLE</u>		4. DATE OF DEATH Month Day Year <u>Dec. 24 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-29-1893</u>
9. AGE (last birthday) <u>70</u>		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) <u>MAINTENANCE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>SULLIVAN, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>HENRY L DOYLE</u>	
13b. MOTHER'S MAIDEN NAME <u>MAGGIE ROCK</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u>		17. INFORMANT Address <u>Mo. State Sanatorium Records.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION, ACUTE</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Few MIN.</u> <u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PULMONARY TUBERCULOSIS FAR ADVANCED</u>			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 Month, Day, Year a.m. p.m.			
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 <u>4-18-63</u> to <u>12-24-63</u> and last saw him alive on <u>12-24-63</u> Death occurred at <u>6:00 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Rangeluting, M.D.</u>		22b. ADDRESS <u>MO. STATE SAN., MT. VERNON, MO</u>	22c. DATE SIGNED <u>12-24-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-27-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chloe Spring Baptist Church Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sullivan Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>H. M. Eaton Sullivan Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Ray Grantham</u>

USE BLACK INK OR TYPEWRITER RIBBON

DEC 31 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 Max L. Fournell

Licensed Embalmer No. 4252

P. O. Address MT Vernon, 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.