

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24505

State File No. _____

FILED JUL 30 1956

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 15

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|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <p align="center">Newton</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> | | b. COUNTY <p align="center">Newton</p> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | | c. LENGTH OF STAY (In this place) <p align="center">48 yrs.</p> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">At Home</p> | | d. STREET ADDRESS (If rural, give location) <p align="center">Stark City, Mo. R#1</p> | | | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | |
| a. (First) <p align="center">Thomas</p> | b. (Middle) <p align="center">Lafayette</p> | c. (Last) <p align="center">Doty</p> | (Month) <p align="center">July</p> | (Day) <p align="center">14</p> | (Year) <p align="center">1956</p> | |
| 5. SEX <p align="center">Male</p> | 6. COLOR OR RACE <p align="center">White</p> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p> | 8. DATE OF BIRTH <p align="center">April 28 1861</p> | 9. AGE (In years last birthday) <p align="center">95</p> | 10. MONTHS <p align="center">2</p> | 11. DAYS <p align="center">16</p> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Retired Farmer</p> | | 10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Retired</p> | | 11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Barry Co. Missouri</p> | | 12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p> |

| | | |
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| 13a. FATHER'S NAME <p align="center">Ambrose Doty</p> | 13b. MOTHER'S MAIDEN NAME <p align="center">Ann Walker</p> | 14. NAME OF HUSBAND OR WIFE <p align="center">Martha Doty</p> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <p align="center">No</p> | 16. SOCIAL SECURITY NO. <p align="center">None</p> | 17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Myrtle Raulston</p> | ADDRESS <p align="center">Stark City, Mo.</p> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility (b)</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <p align="center">794X</p> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 1, 1956, to July 14, 1956, that I last saw the deceased alive on July 13, 1956, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

| | | |
|---|---|---|
| 23a. SIGNATURE (Degree or title) <p align="center">Abraham M. Jones D.O.</p> | 23b. ADDRESS <p align="center">Neosho, Mo.</p> | 23c. DATE SIGNED <p align="center">7-16-56</p> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p> | 24b. DATE <p align="center">7-18-56</p> | 24c. NAME OF CEMETERY OR CREMATORY <p align="center">Dice Cem.</p> | 24d. LOCATION (City, town, or county) (State) <p align="center">Fairview, Missouri</p> |
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| DATE REC'D BY LOCAL REG. <p align="center">7-19-1956</p> | REGISTRAR'S SIGNATURE <p align="center">Alpha Dyer</p> | 25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">W. M. ...</p> | ADDRESS <p align="center">Stark City, Mo.</p> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

69-0

RECEIVED

District Health Officer No. Newton
District File Number 756-115
Date Filed JUL 23 1956

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
Student Embalmer

Signed James Kenneth Duncanson
Licensed Embalmer No. 4767
P. O. Address Wheaton 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 this body is not embalmed, fact should be so stated above.