

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18817

State File No. \_\_\_\_\_

Registration District No. 447

Primary Registration District No. 5607

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Knox Bourbon Twp.

(b) City or town Novelty Rural.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 73 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Knox

(c) City or town Novelty. Rural.  
(If outside city or town limits write "RURAL")

(d) Street No. Bourbon Twp. near Pleona  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Daniel Augustus Dooley. 400

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb - 27 - 1858.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hamersville, Ohio.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Dooley.

13. Birthplace Ohio.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Dillon

15. Birthplace Ohio.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Dooley

(b) Address Novelty Mo. 4

17. (a) Newark, Mo. (b) Date thereof 2 - 3 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark, Mo.

18. (a) Signature of funeral director Edna M. Dooley

(b) Address \_\_\_\_\_

19. (a) May 3 1940 (b) Mrs C.M. Smith  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1940 hour 4:42 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1938  
Jan, 1938, to May 2, 1940  
that I last saw him alive on April 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart lesion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

395 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul M. Reynolds (M. D. or other) \_\_\_\_\_

Address Newark City Mo Date signed May 3 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1189

Date Filed JUN 11 1940

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Kerch Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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, above space should be left blank.