DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41920

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 117

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: DeWitt Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski 85

(c) City or town Rural (Tavern Township.) (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Benjamin Levi Doyel.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Sadie Doyel (Dec)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 22 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	19	hr. min.

9. Birthplace Maries Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name John Doyel.

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

MOTHER

14. Maiden name Lucinda Martin

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

16. (a) Informant Howard Doyel

(b) Address Crocker, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS.

(b) Address Crocker, Mo.

19. (a) 12-27-1944 (Date received local registrar) (b) Chas. M. Todd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 12-8, 1944, to 12-11, 1944, that I last saw him alive on 12-11, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to Crushing injury of the Chest	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations NO

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. O. Dewitt (M. D. or other) do

Address Waynesville Mo. Date signed 12-20-44

170 (Licensed Embalmer's Statement on Reverse Side)

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

JAN 1 4 1945

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Crooks, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

28
13
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41920

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 112

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin L. Dayel
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 W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 22 (Day) 1879 (Year)
8. AGE: Years 65 Months 3 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 7-23-1945 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to accident (Train collided with Auto)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN — Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident. Train collided with auto.
(b) Date of occurrence Dec 1, 1944
(c) Where did injury occur? Crocker (City or town) Pulaski (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Railroad Crossing. Within City (Specify)
While at work (e) Means of injury
23. Signature K C Deiss M.D. (M. D. or other)
Address Waynesville Mo Date signed 7-18-45

SUPPLEMENTARY

S-41920 1944