

Registration District No. 294 Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 205 Hagood
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME William Otis Doyle

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 married

6. (b) Name of husband or wife Ethel Holman Doyle 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 7 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired probate judge

11. Industry or business _____

12- Name: A.T. Doyle

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Martha Shelton

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Doyle

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 1/7/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) Jan 7-47 (b) Seah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 205 Hagood
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1947 hour 4:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from JANUARY 5, 1947, to JANUARY 5, 1947, that I last saw him alive on JANUARY 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Duration 1hr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 94A
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? _____

While at work? _____ (Specify type of place) (b) Means of injury 2

23. Signature Seah Williams (M. D. or other) DO.
Address 203 1/2 N. Belcher Moberly Date signed 1/6/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number L-47-132
Date Filed JAN 16 1947

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 J. Patton
Licensed Embalmer No. 4095
P. O. Address Huntsville, Me

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.