

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13301

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Pemissot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemissot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville rural</u> c. LENGTH OF STAY (In this place) <u>all of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mandy</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Doyle</u>	(Month) <u>Feb</u>	(Day) <u>11</u>	(Year) <u>49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 30 1941</u>		9. AGE (In years last birthday) <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Caruthersville Mo</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Ben Doyle</u>	13b. MOTHER'S MAIDEN NAME <u>Dollie Bell Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Doyle</u> ADDRESS <u>Caruthersville Rt 1</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diphtheria</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			<u>055X</u>

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pemissot Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>

22. I hereby certify that I attended the deceased from 2-12-49, 1949, to 2-12-49, 1949, that I last saw the deceased alive on 2-12-49, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23. SIGNATURE <u>D. W. Cook M.D.</u> (Degree or title)	23b. ADDRESS <u>Caruthersville, Mo</u>	23c. DATE SIGNED <u>3-18-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>	DATE REC'D BY LOCAL REG. <u>May 11, 1949</u>	
REGISTRAR'S SIGNATURE <u>Fessie B. Nicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermon Wurd Co</u>	ADDRESS <u>Steele Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

78
89

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

5-49. 120

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.

Signed _____

John H. German

Signed _____
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.