

22854

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 28 1949

No. 300

10. 48

24 0 5

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grayson</u> <u>25</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Hosp. 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roberta</u> b. (Middle) <u>Lovilee</u> c. (Last) <u>Dooley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>April 6 1938</u>
9. AGE (In years last birthday) <u>11</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	11. UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>	9. AGE (In years last birthday) <u>11</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>X</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Dooley</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Sexton</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Dooley</u> ADDRESS <u>TANASAS CITY MO.</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gas Gangrene</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compound fracture Rt. Arm 4 days</u> DUE TO (c) <u>Injury by falling - 89020</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u> <u>21</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grayson Clinton Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14, 1949 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell from tree</u>	<u>25</u>
22. I hereby certify that I attended the deceased from <u>14 July 1949</u> , to <u>17 July 1949</u> , that I last saw the deceased alive on <u>17 July 1949</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James J. Batty M.D.</u>		23b. ADDRESS <u>Plattsburg, Mo</u>	23c. DATE SIGNED <u>18 July 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>
DATE REC'D BY LOCAL REG. <u>July 19-49</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	ADDRESS <u>Plattsburg, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26

District Health Officer No. 8,

District File Number 4

Date Filed 7-27-49

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 Daniel W. Ligon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.