

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23019**
Registrar's No. **31**

BIRTH NO. _____		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. 07437		Registrar's No. 31					
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Meramec Twp		c. LENGTH OF STAY (in this place) 65 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Meramec Twp		36 1/2					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home III Stanton, Missouri				d. STREET ADDRESS (If rural, give location) Stanton, Missouri							
3. NAME OF DECEASED (Type or Print) Joseph Door			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH July 25 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 16, 1886			
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR 10 Months 9 Days		IF UNDER 24 HRS. 0 Hours 0 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer			
11. BIRTHPLACE (State or foreign country) Jeffriesburg, Mo.				12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Joseph Door			13b. MOTHER'S MAIDEN NAME Sophia Fink			14. NAME OF HUSBAND OR WIFE Sophia Door					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Ann Woodcock			ADDRESS Stanton, Mo		
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days & 8 hrs 231X			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 7-21-1949 to 7-25-1949 that I last saw the deceased alive on 7-21-1949 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Ed Praxter M.D.				23b. ADDRESS 1100 Main Building				23c. DATE SIGNED 7-28-1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/28/48		24c. NAME OF CEMETERY OR CREMATORY Stanton Cemetery		24d. LOCATION (City, town, or county) (State) Stanton (Franklin) Mo					
DATE REC'D BY LOCAL REG. 7-28-1949		REGISTRAR'S SIGNATURE Ed Praxter			25. FUNERAL DIRECTOR'S SIGNATURE Miss P. Stoffer			ADDRESS Sullivan, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

36
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RECEIVED
AUG 1 1949
District Health Officer No. 9,
District File Number

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 _____

J. A. Humphrey

Student Embalmer No. *316*

working under my personal supervision.

Signed *J. A. Humphrey*
Student Embalmer

Signed *W. P. Siffer*

Licensed Embalmer No. *2692*

P. O. Address *Sullivan*

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.