

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHE. J. EVERETT, Jr.  
33548  
State File No. \_\_\_\_\_  
Registrar's No. 965A

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 965A			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield				c. LENGTH OF STAY (In this place) 35 Min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville			
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hosp				d. STREET ADDRESS (If rural, give location) X					
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) M.		c. (Last) Doolin		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1949		
5. SEX Male ( )		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 31, 1947		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRL. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Waynesville, Mo. ( )			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Willia A. Doolin			13b. MOTHER'S MAIDEN NAME Georgie Sutton			14. NAME OF HUSBAND OR WIFE X			
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. No		17. INFORMANT'S SIGNATURE OR NAME Hospital Records Springfield, Mo.					ADDRESS
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) <i>Salmonella, Bacteria</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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  08:00	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) HOMICIDE		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) m.		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 11/2, 1949, to 11/2, 1949, that I last saw the deceased alive on 11/2, 1949, and that death occurred at 10:40 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS M.D. [Address]			23c. DATE SIGNED 11/4/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/4/49		24c. NAME OF CEMETERY OR CREMATORY unknown		24d. LOCATION (City, town, or county) (State) Waynesville, Mo.			
DATE REC'D BY LOCAL REG. 11-7-49		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer Springfield, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*Lucien T. Swadley*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Lucien T. Swadley*  
Student Embalmer

Signed *Walter E. Hamaker*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.