No. 300
10.48

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

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40959

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (in this place): /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer (Rural)
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print) a. (First): FRANKLIN b. (Middle): / c. (Last): DOZE
4. DATE OF DEATH (Month) (Day) (Year): 12--20--1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6--11--1857
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 6, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (State or foreign country): Greencastle, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Victor Doze
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Fannie S. Doze
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): / (If yes, give war or dates of service): /
16. SOCIAL SECURITY NO.: /
17. INFORMANT'S SIGNATURE OR NAME: Oscar Doze ADDRESS: Thayer, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION: /
20. AUTOPSY? YES ☐ NO ☐

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) m.: /
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? /

22. *I hereby certify that I attended the deceased from* 12-20, 1949, *to* 12-20, 1949, *that I last saw the deceased alive on* Oct. 8, 1949, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Richard A. Smith (Degree or title) D.O.
23b. ADDRESS: West Plains, Mo.
23c. DATE SIGNED: 12-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12--22--1949
24c. NAME OF CEMETERY OR CREMATORY: Greencastle cemetery
24d. LOCATION (City, town, or county) (State): Greencastle, Missouri

DATE REC'D BY LOCAL REG.: 12-22-49
REGISTRAR'S SIGNATURE: Beatrice Cook 379 0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Leland Cotta, Thayer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/29/49
District Health Officer No. 5,
District File Number 1249798
Date Filed 12/31/49

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Leland Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Thayer, 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.