

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41731

BIRTH NO. 81507-49 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Oakwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location) 3821 Elden Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Edward c. (Last) Dooley		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 15, 1949
9. AGE (In years last birthday) 1	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	11. BIRTHPLACE (State or foreign country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Robert Dooley		13b. MOTHER'S MAIDEN NAME Helen Brashears	
14. NAME OF HUSBAND OR WIFE -----		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. -----		17. INFORMANT'S SIGNATURE OR NAME Robert Dooley, Oakwood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelctasis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity birth DUE TO (c) Premature birth - 29 weeks gestation 2. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION: -----	
20. AUTOPSY? YES ☐ NO ☒		21. INTERVAL BETWEEN ONSET AND DEATH 3 hours 28 hours 71 25	
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) (Min.)	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 19 , to 19 , that I last saw the deceased alive on 19 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Thomas R. Dooley, M.D.		23b. ADDRESS Hannibal, Missouri	23c. DATE SIGNED 12-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/17/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.
DATE REC'D BY LOCAL REG. 12-20-49	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE Kathryn A. Schwartz, Hannibal, Mo.	

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

RECEIVED DEC 22 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 24 1949

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Richard Brown* _____

Licensed Embalmer No. *4324*

P. O. Address *Hannibal, 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.