

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43885

State File No.

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 4320		Registrar's No. 65	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Marion		b. CITY (If outside corporate limits, write RURAL and give township) Palmyra		a. STATE Mo		b. COUNTY Marion	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Palmyra		d. STREET ADDRESS (If rural, give location) 311 New St.		0643 6470	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Fred		b. (Middle) Stevens		c. (Last) Doolin		Dec 17 th 1949	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH May 16, 1874	
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) JANITOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WARREN MO	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Marion Doolin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lydia V. Doolin	
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 Lydia V. Doolin		ADDRESS Palmyra Mo	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Had 2 previous strokes					
		DUE TO (c) Age + general physical condition					
		II. OTHER SIGNIFICANT CONDITIONS				334X	
		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 <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 Dec 9, 1949, to Dec 17, 1949, that I last saw the deceased alive on Dec 17, 1949, and that death occurred at 10 ⁰⁰ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. Shekman				23b. ADDRESS D.O. Palmyra Mo		23c. DATE SIGNED 12/19/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/20/49		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Palmyra Mo	
DATE REC'D BY LOCAL REG. 12/19/49		REGISTRAR'S SIGNATURE Dr. E. M. Tuley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dr. W. R. Saphus Hannibal 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. R. Saphus*

Licensed Embalmer No. *3420*

P. O. Address.....

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.