

No. 300  
10. 48

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43942

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3874 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Charleston (rural)</b> 0670	
c. LENGTH OF STAY (In this place) <b>5 months</b>		d. STREET ADDRESS (If rural, give location) <b>Concord -4 mi. S.E. of Charleston Community</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Annie Simms Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Josephine</b>	b. (Middle) _____	c. (Last) <b>Dolling</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 31, 1949</b>
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5. SEX <b>Female</b> 3	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 4, 1879</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>27</b>	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Augusta, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Will Motye</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Charlie Dolling</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Will Motye</b> ADDRESS <b>204 Locust, Charleston, Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **first call after death**, 19 **50**, that I last saw the deceased alive on \_\_\_\_\_, 19 **50**, and that death occurred at **5:30A.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Sikeston mo.</b>	23c. DATE SIGNED <b>1/1/50</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 3, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 9 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Charleston, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 18

District Health Office No

District File Number 150-4

Date Filed

**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.

Signed

*Frank Sparks*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 345-5

P. O. Address Edpe. Anderson

**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.