

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24115**

FILED JUL 19 1950

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **375**

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY MONROE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS | c. LENGTH OF STAY (In this place) 19 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS 0690 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION N. MAIN ST | | d. STREET ADDRESS (If rural, give location) N. MAIN ST. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ESSIE b. (Middle) LEE c. (Last) DOOLEY | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 2, 1950 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MAR. 10, 1877 |
| 9. AGE (In years last birthday) 73 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETAIL MERCHANT | 10b. KIND OF BUSINESS OR INDUSTRY VARIETY STORE |
| 11. BIRTHPLACE (State or foreign country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME OWEN C. RICE | | 13b. MOTHER'S MAIDEN NAME BARBARA LYONS | 14. NAME OF HUSBAND OR WIFE S. TILDEN DOOLEY |
| 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 ADDRESS MRS. DAVE NORMAN, PARIS, MO. |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. non-strenuous 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"/> | | | |
| 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 <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 May 1, 1931 , to 7-2 , 1950, that I last saw the deceased alive on 7-2 , 1950, and that death occurred at 8:00 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE [Signature] | | 23b. ADDRESS PARIS, MO. | 23c. DATE SIGNED 7-3-50 |
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | | 24b. DATE JULY 4, 1950 | 24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE |
| 24d. LOCATION (City, town, or county) (State) PARIS MO. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] PARIS, MO. | |
| DATE REC'D BY LOCAL REG. 7-3-50 | | REGISTRAR'S SIGNATURE F. A. Barnett | |

(Licensed Embalmer's State Seal on Reverse Side)

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

0690

JUL 27 1950

JUL 27 1950

RECEIVED JUL 11 1950
District Health Officer No. .
District File Number 7-50-1095
Date Filed JUL 14 1950

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 E. B. Agnew

Signed _____
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri,

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.