

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24271

BIRTH NO.		REG. DIST. NO. 275	PRIMARY REG. DIST. NO. 3053	Registrar's No. 102
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Missouri Rolla		c. LENGTH OF STAY (In this place) 3 1/2 Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) Linn Mo 076		
d. STREET ADDRESS		(If rural, give location) None		
3. NAME OF DECEASED (Type or Print) a. (First) Peter		b. (Middle) -----		c. (Last) Doabish
4. DATE OF DEATH (Month) (Day) (Year) July 3, 1950		5. SEX M		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 19, 1859		9. AGE (In years last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Linn, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph DoBish		13b. MOTHER'S MAIDEN NAME Josephine
14. NAME OF HUSBAND OR WIFE Mary Mantisa		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. Unk.
17. INFORMANT'S SIGNATURE OR NAME Hy. F. Bish		17. ADDRESS Wyandotte, Mich		18. CAUSE OF DEATH
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident		INTERVAL BETWEEN ONSET AND DEATH 2920
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Insanity		DUE TO (c)		21
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 Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) Rolla		21d. (COUNTY) Phelps		21e. (STATE) Mo
21d. TIME OF INJURY 7 2 50 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped out a window
22. I hereby certify that I attended the deceased from Mar. 25, 1950 to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 12:35 P.M. from the causes and on the date stated above.				
23a. SIGNATURE A. Sidney McFarland		23b. ADDRESS Rolla Mo		23c. DATE SIGNED 7/3/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/6/1950		24c. NAME OF CEMETERY OR CREMATORY New St. Georges
24d. LOCATION (City, town, or county) Linn, Mo.		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton
25. ADDRESS Linn, Mo.		DATE REC'D BY-LOCAL REG. 7-11-50		REGISTRAR'S SIGNATURE Nadene L. Stollen

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

RECEIVED 7-18-50

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 7-20-50

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 *Vernon M. Norton*

Licensed Embalmer No. 4125

P. O. Address *Linn, 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.