

No. 300
10. 48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24368

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY RANDOLPH		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 town) MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-JEFFERSON TWP.	
c. LENGTH OF STAY (In this place) 7 DAYS		d. STREET ADDRESS (If rural, give location) R.F.D. STOUTSVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) _____ c. (Last) DOOLEY			4. DATE OF DEATH (Month) (Day) (Year) JULY 12, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 20, 1903	9. AGE (In years last birthday) 46	10. IF UNDER 1 YEAR Days 7 Hours 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME ALONZO G. DOOLEY		13b. MOTHER'S MAIDEN NAME RUTH E. POAGE		14. NAME OF HUSBAND OR WIFE THELMA DOOLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. II.		16. SOCIAL SECURITY NO. 497-18-0059		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. THELMA DOOLEY, STOUTSVILLE, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder		INTERVAL BETWEEN ONSET AND DEATH N.K.
	ANTECEDENT CAUSES Morbid 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 Feb 21, 1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma of urinary bladder with metastasis		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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Feb. 16, 1950, to July 12, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Baughman (Degree or title)	23b. ADDRESS Paris, Mo.	23c. DATE SIGNED 7-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-14-50	24c. NAME OF CEMETERY OR CREMATORY STOUTSVILLE CEM.	24d. LOCATION (City, town, or county) (State) STOUTSVILLE, MO.
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DATE REC'D BY LOCAL REG. July 14, 50	REGISTRAR'S SIGNATURE Cal Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tommy Speed-Blakey, PARIS, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 26 1958

RECEIVED JUL 17 1958
District Health Officer No. 10
District File Number 7-50-1154
Date Filed JUL 27 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.

Student
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.