

FILED AUG 11 1950

THE DEPARTMENT OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24699  
Registrar's No. 6489

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 7705 Stanford	

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) c. (Last) Dolan		4. DATE OF DEATH (Month) (Day) (Year) July 28 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 2, 1898
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietician	11. BIRTHPLACE (State or foreign country) Joplin, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Co. Hosp.	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas Dolan	13b. MOTHER'S MAIDEN NAME Susan George	14. NAME OF HUSBAND OR WIFE
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ruth Dolan-7705 Stanford Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial effusion		II. OTHER SIGNIFICANT CONDITIONS		1 yr.
ANTECEDENT CAUSES		DUE TO (b) Uremia		
DUE TO (c) Chronic pyelonephritis		DUE TO (b) Uremia		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/> NO <input 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 leaving

22. I hereby certify that I attended the deceased from July 21, 1950, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 10:45a.m., from the causes and on the date stated above.

23a. SIGNATURE R. Bradley	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 7/28/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-30-50	24c. NAME OF CEMETERY OR CREMATORY Joplin	24d. LOCATION (City, town, or county) (State) Joplin, Mo.

DATE REC'D BY LOCAL REG. JUL 29 1950	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser-4228 S. Kingshighway Bl.	ADDRESS
---	---------------------------------------	---	---------

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

NOM - call cemetery

VS JUN 22 1961

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Richard W. Stoverson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4067*

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.