No. 300
10.48

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38061

State File No.

BIRTH NO. REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 67

0861

1. PLACE OF DEATH
a. COUNTY Unionville (Putnam Co.) Home
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Unionville
d. STREET ADDRESS (If rural, give location)

0861

3. NAME OF DECEASED (Type or Print)
a. (First) Orval
b. (Middle) Fay
c. (Last) Dooley

4. DATE OF DEATH (Month) Nov. (Day) 17 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 14-1903
9. AGE (In years last birthday) 47 — If under 1 year: Months 2 Days 3 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Jasper Dooley
13b. MOTHER'S MAIDEN NAME Ida Bell Spence
14. NAME OF HUSBAND OR WIFE Erma Wynema Dooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY 486-12-6806 497-12-6236
17. INFORMANT'S SIGNATURE OR NAME Erma Wymena Dooley **ADDRESS** Unionville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — Interval between onset and death: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Myocarditis — 2 years

DUE TO (c) Arteriosclerosis of Lungs — 4 years

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1950 *to* Nov 16, 1950, *that I last saw the deceased alive on* Nov 16, 1950, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Thos L Judd (Degree or Title) D.O.
23b. ADDRESS Unionville Mo
23c. DATE SIGNED 11/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 19
24c. NAME OF CEMETERY OR CREMATORY Unionville Ceme
24d. LOCATION (City, town, or county) Unionville, Mo. (State)

DATE REC'D BY LOCAL REG. 11-18-50
REGISTRAR'S SIGNATURE Marvell Dunbar 266
25. FUNERAL DIRECTOR'S SIGNATURE Hurstead Bros **ADDRESS** Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 22 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-198
Date Filed: NOV 25 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed F. O. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. 2975

P. O. Address Unionville

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.