

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

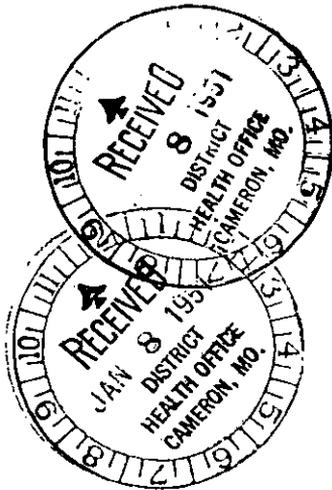
FILED JAN 11 1951

State File No. 39721

2020
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5012</u> Registrar's No. <u>482</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Star, Mo</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) Union Star, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles South Union Star Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>3 Miles South Union Star</u>		
3. NAME OF DECEASED (Type or Print) <u>Albert</u>		a. (First) <u>Albert</u>		b. (Middle) <u>Ewald</u>	
		c. (Last) <u>Doell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 5, 1895</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Days <u>8</u> IF UNDER 24 HRS. Hours <u>25</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Toold Die maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alexander Doell</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Sabiefied</u>	
14. NAME OF HUSBAND OR WIFE <u>Kate Doell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 7yrs But Date Unknown</u>		16. SOCIAL SECURITY NO. <u>7yrs But Date Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kate Doell</u>		ADDRESS <u>Union Star, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
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 <u>Dec. 30, 1950</u> , to <u>Dec. 30, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Maxwell, D.O., Coroner</u>		23b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>		23c. DATE SIGNED <u>1/2/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-2-51</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm A Rich</u>		ADDRESS <u>Savannah Mo</u>			



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 W. A. Rich

Licensed Embalmer No. 4278

P. O. Address Lawrence, 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.