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FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9222

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5696 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: LIVINGSTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SOUTH OF HICKORY
c. LENGTH OF STAY (In this place): 41 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE #4 TRENTON, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LIVINGSTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SOUTH OF HICKORY 0590
d. STREET ADDRESS (If rural, give location): ROUTE #4 TRENTON, MISSOURI

3. NAME OF DECEASED (Type or Print): a. (First) WILLIS b. (Middle) ERVIN c. (Last) DOCKERY

4. DATE OF DEATH (Month) (Day) (Year): MAR. 10, 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 2, 1855
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): LIVINGSTON CO. MO.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: ROBERT DOCKERY
13b. MOTHER'S MAIDEN NAME: ANGELINEH PULLMAN
14. NAME OF HUSBAND OR WIFE: ELIZABETH DOCKERY DOCKERY

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 NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MR. CARL MORRILL RR#4 TRENTON, 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 522X

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* Mar 10, 1951, *to* Mar 10, 1951, *that I last saw the deceased alive on* Mar 10, 1951, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. B. Bailey D.O.
23b. ADDRESS: Gallatin, Mo.
23c. DATE SIGNED: 3-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/13/51
24c. NAME OF CEMETERY OR CREMATORY: DOCKERY CEMETERY
24d. LOCATION (City, town, or county) (State): LIVINGSTON CO. MISSOURI

DATE REC'D BY LOCAL REG.: 3-11-51
REGISTRAR'S SIGNATURE: Francis B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Charles D. Lyeum TRENTON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 26 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Charles D. Sigsean

Signed.....
Student Embalmer

Licensed Embalmer No. 3109

P. O. Address TRENTON, MISSOURI

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.