

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31052

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>163</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		0812		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>688 Salem Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GREGORY</u>		b. (Middle) <u>ARVILLE</u>		c. (Last) <u>DOUCETTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Oct. 15, 1950</u>		
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>		IF UNDER 18 Hrs. <u>4</u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Oakland, California /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Marcel Doucette</u>			13b. MOTHER'S MAIDEN NAME <u>Delores Larson</u>			14. NAME OF HUSBAND OR WIFE <u>---</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Marcel Doucette, 688 Salem, Rolla, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Skull Fracture</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Child Fell on Head</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>from Bed.</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9020</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SURVEIL HONORIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 18, 1951 7Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Baby fell from bed, striking head</u>				
22. I hereby certify that I attended the deceased from <u>Sept. 18, 1951</u> , to <u>1951</u> , that I last saw the deceased alive on <u>Sept. 18, 1951</u> , and that death occurred at <u>12:20 Am.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>N.H. Davis M.D.</u>				23b. ADDRESS <u>Rolla 1 Mo.</u>		23c. DATE SIGNED <u>9-19-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		388 FUNDAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1100 Elm St., Rolla, Missouri</u>		

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

0812

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.....
Student Embalmer

Signed

John H. Fallon

Licensed Embalmer No. *3643*

P. O. Address *Rivers, 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.