

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

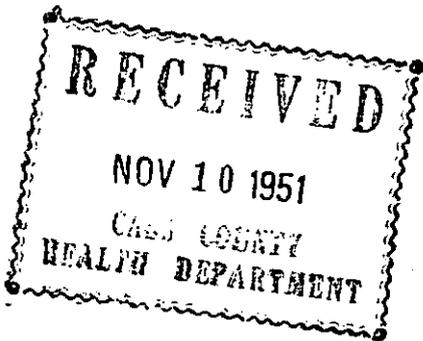
State File No. **32878**

FILED NOV 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEST PECULIAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Peculiar</u>	
c. LENGTH OF STAY (In this place) <u>9 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>12 Mi. S. Peculiar, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi. S. of Peculiar</u>		d. STREET ADDRESS (If rural, give location) <u>12 Mi. S. Peculiar, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWEE</u> b. (Middle) <u>ORA</u> c. (Last) <u>DOERLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAR 5 1878</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lee's Summit Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Lee's Summit Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>William Doerle</u>	
13a. FATHER'S NAME <u>William Doerle</u>		13b. MOTHER'S MAIDEN NAME <u>BNA WAKA</u>	14. NAME OF HUSBAND OR WIFE <u>John William Doerle</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry C. Windley, Peculiar Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
DUE TO (b) <u>arteriosclerosis</u>			
DUE TO (c)			
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 <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓ ✓ ✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>11/7</u> , 19 <u>51</u> , to <u>11/7</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Matthew V. Robbins M.D.</u>		23b. ADDRESS <u>Peculiar, MO</u>	
23c. DATE SIGNED <u>11/7/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 9-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Nevada Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 9 1951</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. B. Langford</u>		ADDRESS <u>Lee's Summit, Mo</u>	

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



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.....

*B. J. Lindley*

Licensed/Embalmer No. *4822*

P. O. Address *Lee Summit*

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.