

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33203

State File No.

2396

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 864

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>452 S. Market Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>452 S. Market Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THREET</u>		b. (Middle) <u>ALLEN</u>	
		c. (Last) <u>DORAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>8 Feb: 1894</u>
9. AGE (in years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Male Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Prac. Nursing</u>	11. BIRTHPLACE (State or foreign country) <u>Christian County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Doran</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gooch</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Doran</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Wade Doran, 2042 N. Missouri Avenue, Springfield, Missouri.</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* <u>Arterio Sclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>9-28</u> , 19 <u>51</u> , to <u>10-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>51</u> , and that death occurred at <u>5:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph N. Hills M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>10-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11 Oct. 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopedale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-11-51</u>	REGISTRAR'S SIGNATURE <u>W E Handley III md</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul C. Phineas, Springfield, 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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.