

STANDARD CERTIFICATE OF DEATH

State File No. **34156**

FILED OCT 17 1951

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4263</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u> (<u>Salt River</u>)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Effie Symonds Residence</u>				d. STREET ADDRESS (If rural, give location) <u>South West Edge Of Novelty, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Finnis</u>		b. (Middle) <u>David</u>		c. (Last) <u>Doyle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct -3 - 1951</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct -23 - 1900</u>	
9. AGE (In years) (last birthday) <u>50</u>		IF UNDER 1 YEAR (Months) (Days) <u>11 10</u>		IF UNDER 24 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Novelty, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>David Doyle</u>			13b. MOTHER'S MAIDEN NAME <u>Elva Howerton Doyle</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elva Doyle Novelty, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u> DUE TO (c) <u>Myocardial insufficiency</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>July 15 1951</u> <u>Oct 3 1951</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				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) <u>Novelty, Mo.</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Holmes D.D.</u> (Degree or title)				23b. ADDRESS <u>Novelty, Mo.</u>		23c. DATE SIGNED <u>Oct 6 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-6-1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novelty</u>		24d. LOCATION (City, town, or county) (State). <u>Novelty, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Oct-8-1951</u>		REGISTRAR'S SIGNATURE <u>Dick S. Durant</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith Hudson Edina Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1849
Date Filed: OCT 15 1951

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..... *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edina, Miss*

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.