

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41378**

REC'D JAN 3 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **586**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton Mo	
c. LENGTH OF STAY (In this place) 8 years		d. STREET ADDRESS (If rural, give location) 603 E Grandview St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 603 E Grandview			

3. NAME OF DECEASED (Type or Print) a. (First) Jabe b. (Middle) X c. (Last) Dooley			4. DATE OF DEATH (Month) (Day) (Year) DEC 22 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH DE 12 1868		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) HOWARD Co Mo		12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Wm DOOLEY		13b. MOTHER'S MAIDEN NAME SALLY TODD		14. NAME OF HUSBAND OR WIFE IDR BELLE DOOLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME RAY DOOLEY ADDRESS CLINTON	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis		2 yr	
		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 592x		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 **Dec 14, 1951**, to **Dec 22, 1951**, that I last saw the deceased alive on **Dec 21, 1951**, and that death occurred at **4 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Walker M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 12-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/24/51		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	
24d. LOCATION (City, town, or county) (State) Clinton Mo		24e. FUNERAL DIRECTOR'S SIGNATURE J. E. Conrader		24f. ADDRESS Clinton Mo	
DATE REC'D BY LOCAL REG. Dec-24-51		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conrader ADDRESS Clinton Mo	

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

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-2-52

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J E Cousins*

Licensed Embalmer No. 1891

P. O. Address *Christon*

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.