

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>COLE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (In this place) <u>10. YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		<u>0264</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 VIRGINIA</u>			d. STREET ADDRESS (If rural, give location) <u>705 VIRGINIA</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>ANNA</u> c. (Last) <u>DOERHOFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 24, 1952</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 12, 1875</u>		9. AGE (In years last birthday) <u>76</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. ELIZABETH, MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN GUDEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LAMPE</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM DOERHOFF</u>	
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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>Louis Doerhoff</u>		ADDRESS <u>J. C., MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
*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>Generalized arteriosclerosis</u>				
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Senility</u>				
	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>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-24, 1952, to 1-24, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. McFilly M.D.</u>	23b. ADDRESS <u>405 E. Trust Bldg. Jefferson City, Mo.</u>		23c. DATE SIGNED <u>1/25/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 30-1952</u>	REGISTRAR'S SIGNATURE <u>R. P. Dorris M.D.-M.R. 68</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Gulle</u>	ADDRESS <u>J. C. MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Josephine Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.