

5. No. 300
10. 48

FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 890

1390

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place) 4 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 1614 Benton Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) HENRY c. (Last) DOSS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 21, 1867		9. AGE (In years last birthday) 84 if UNDER 1 YEAR: Months 4 Days 13 if UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carptner		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Ballinger County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Doss	13b. MOTHER'S MAIDEN NAME Mary Ciszewski	14. NAME OF HUSBAND OR WIFE Sarah C. Doss (deceased)			
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. None	17. INFORMANT'S SIGNATURE OR NAME Hazel Davendorf ADDRESS Springfield, Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wraemia & Acute Dilatation of Heart					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Hypertension, Portal Hypertension & Emphysema				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION hs.				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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:55 p.m. 1-2-52	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 610x

22. I hereby certify that I attended the deceased from **1-2-52**, 19**52**, to **1-4**, 19**52** that I last saw the deceased alive on **1-4**, 19**52**, and that death occurred at **6:40a** m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Sewell (Degree or title) M.D.	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 1/5/1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/6/1952	24c. NAME OF CEMETERY OR CREMATORY Larue Cemetery	24d. LOCATION (City, town, or county) (State) Mt. Grove, Missouri
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DATE REC'D BY LOCAL REG. 1-7-52	REGISTRAR'S SIGNATURE James H. Anderson M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ayre-Goodwin Fun'l Service, Spgfld, ADDRESS
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WRITE MAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

Mo

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 _____

Licensed Embalmer No. 4594

P. O. Address Springfield

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.