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

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1906

State File No.

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 428 X Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle
c. LENGTH OF STAY (In this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ewing 056 6
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Arthur
c. (Last): Doscher

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: October 9, 1908
9. AGE (In years last birthday): 43 — If under 1 year: Months 3, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South of Lewistown Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry L. Doscher
13b. MOTHER'S MAIDEN NAME: Mary L. King
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Herbert Leland Doscher ; La Belle, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicidal death — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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.

19a. DATE OF OPERATION: 1-10-52
19b. MAJOR FINDINGS OF OPERATION: E976X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Residence
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): La Belle Lewis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-9-52 11 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: 12 ga Shotgun self inflicted

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* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank C. Tompkins M.D. (Mayo's Institute Cancer)
23b. ADDRESS: Monticello Mo
23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/11/52
24c. NAME OF CEMETERY OR CREMATORY: Ewing Cemetery
24d. LOCATION (City, town, or county) (State): Ewing, Missouri

DATE REC'D BY LOCAL REG.: 1-17-52
REGISTRAR'S SIGNATURE: P. H. Jennings M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Loder Jr. LaBelle Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Myers, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed J. Roder Jr.
Licensed Embalmer No. 4328
P. O. Address Labelle, 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.