

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7506
State File No. 7506
Registrar's No. 5746

xc-1481 37 44
RN-1018 APR 10 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If Institution--residence before admission.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico	
c. LENGTH OF STAY (in this place) 149 days		d. STREET ADDRESS (If rural, give location) Route 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CHARLES	b. (Middle) E.	c. (Last) DOUBLIN	(Month) MARCH	(Day) 19	(Year) 1952

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH November 30, 1918	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 18 YRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles M. Doublin	13b. MOTHER'S MAIDEN NAME Lettie Wilkerson	14. NAME OF HUSBAND OR WIFE Eileen Doublin
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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) Yes WW II	16. SOCIAL SECURITY NO. 486-32-7467	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NEPHRITIS, CHRONIC, GLOMERULAR		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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 **October 22, 1951**, to **March 19, 1952**, that I last saw the deceased ~~on~~ **March 19, 1952**, and that death occurred at **4:25P m.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond Mundt RAYMOND MUNDT, M.D.	23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	23c. DATE SIGNED 3-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 21-1952	24c. NAME OF CEMETERY OR CREMATORY Pagan Cemetery	24d. LOCATION (City, town, or county) (State) Puxico R. 3 Mo
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DATE REC'D BY LOCAL REG. 3-22-52	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Floyd Morgan	ADDRESS Puxico, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 7 - 1952
BUTLER CO. HEALTH CENTER

FILE No. 452-1580

REC'D NDC

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 William H Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. 4646

P. O. Address Adams 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.