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

APR 1952 STANDARD CERTIFICATE OF DEATH State File No. 7961										
BIRTH NO. _____		REG. DIST. NO. <u>5443</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>13</u>				
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Roark</u> c. LENGTH OF STAY (In this place) <u>64</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 mi. N E. of Swiss</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Roark</u> d. STREET ADDRESS (If rural, give location) <u>4 1/2 Miles N. E. of Swiss</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Margaretta</u> c. (Last) <u>Doll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar</u> <u>9</u> <u>1952</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 7, 1887</u>		9. AGE (In years, last birthday) <u>64</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS.: Hours _____ Min. _____		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 <u>Hermann, Mo. RFD</u>		
11. BIRTHPLACE (State or foreign country) <u>US</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Micheal Krattly</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Mueller</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick Doll</u>	
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>Oscar Doll, Hermann, Mo.</u>			ADDRESS <u>R#1</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>0</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E975X</u>			20. AUTOPSY? YES ☐ NO ☒					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home - farm pond</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hermann Gasconade Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12-31, 1947</u> , to <u>3-9, 1952</u> , that I last saw the deceased alive on <u>3-3, 1952</u> , and that death occurred at <u>10:30 A. m.,</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Caryl T. Shaw, MD</u>					23b. ADDRESS <u>Hermann Missouri</u>		23c. DATE SIGNED <u>3-11-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/12/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Swiss Mo.</u>				
DATE REC'D BY LOCAL REG. <u>3/11/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hermann, Mo.</u>				

APR 22 1963

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.....

Licensed Embalmer No. 3160

Signed.....
Student Embalmer

P. O. Address Hermann, 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.