

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15577

State File No.

FILED MAY 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>133</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boone</u>			
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia 0105</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>201 North 3rd St</u>				d. STREET ADDRESS (If rural, give location) <u>201 N. 3 St 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. Stephen</u> b. (Middle) <u>Cornelius</u> c. (Last) <u>Doby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 52</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May-1-1854</u>	
9. AGE (In years last birthday) <u>98</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Real Estate</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (State or foreign country) <u>Canden S. Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Evered Doby</u>			13b. MOTHER'S MAIDEN NAME <u>Peggy Pemberton Doby</u>			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) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Guth Doby Higgins</u>			ADDRESS <u>201 N. 3rd St</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pulmonary edema</u> DUE TO (b) <u>chronic pulmonary cardiac decompensation</u> DUE TO (c) <u>myocardial degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility (AGE 98)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>1 week</u> <u>1 week</u> <u>year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 2</u>					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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 1951</u> , to <u>15 May</u> , 1952, that I last saw the deceased alive on <u>14 May</u> , 1952, and that death occurred at <u>6 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Leech M.D.</u>			23b. ADDRESS <u>Columbia, Mo</u>			23c. DATE SIGNED <u>5-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-18-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N. West Columbia</u>	
DATE REC'D BY LOCAL REG. <u>May 17 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.C. Freeman</u>		ADDRESS <u>608 Park Columbia Mo</u>	

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

105

MAR 18 1954

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 me

working under my personal supervision.

Student Embalmer No.....

Signed A. G. Freeman

Signed.....
Student Embalmer

Licensed Embalmer No. 2837

P. O. Address Columbia, 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.