

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

J.R. Doublet  
State File No. 20196  
Registrar's No. 566

FILED JUN 16 1952

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5465	Registrar's No. 566
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> 0390		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL, North Campbell</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL, North Campbell</b> 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROUTE # 4 Hwy #66</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE # 4 Hwy #66</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>		b. (Middle) <b>JOSEPH</b>		c. (Last) <b>DWYER</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 11, 1952</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>DEC. 23 1873</b>	9. AGE (In years last birthday) <b>78</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LOCOMOTIVE ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>WINDSON, ONTARIO CANADA 2</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>THOMAS DWYER</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO no</b>		16. SOCIAL SECURITY NO. <b>? Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. MALCOLM ARMSTRONG SPFLD, MO.</b>
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) <b>Cardiac Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</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 <b>3 days</b> <b>10 yrs.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>420c</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Greene Co. Missouri</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <b>Jan. 2, 1951</b> , to <b>June 10, 1952</b> , that I last saw the deceased alive on <b>June 10, 1952</b> , and that death occurred at <b>10:35 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>L. E. Doublet Jr. M.D.</b>		23b. ADDRESS <b>406 Prof. Bldg.</b>		23c. DATE SIGNED <b>6/12/52</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/24/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>MONETT, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>6/12/52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Reg.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>		

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

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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 Leven T. Swadley

Licensed Embalmer No. 4815

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.