S. No. 300
Rev. 10.48

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FILED JAN 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 874

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5401 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norwood, Rt. 2
c. LENGTH OF STAY (In this place): Lifetime
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: Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norwood, Rt. 2 0340
d. STREET ADDRESS (If rural, give location): Champion Township

3. NAME OF DECEASED (Type or Print)
a. (First): Hollis
b. (Middle): Doyle
c. (Last): Dooms

4. DATE OF DEATH (Month) (Day) (Year): JAN. 18, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 8, 1942
9. AGE (In years last birthday): 9
If under 1 year: Months: 3 Days: 10 Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): School Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Blanche, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Orellie W. Dooms
13b. MOTHER'S MAIDEN NAME: Goldie Lambert
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Opal Dooms, Norwood, 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): Leukemia — 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.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
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* 1-10, 1953, *to* 1-18, 1953, *that I last saw the deceased alive on* 1-18, 1953, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Seldon W Chambers (Degree or title): MD
23b. ADDRESS: Mtn Grove, Mo.
23c. DATE SIGNED: 1/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JAN. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
24d. LOCATION (City, town, or county) (State): Norwood, Mo.

DATE REC'D BY LOCAL REG.: 1-24-53
REGISTRAR'S SIGNATURE: Vestal Bushman
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Russell Burley, Mtn. Grove

(Licensed Embalmer's Statement on Reverse Side)

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

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, 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.