

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6653**

No. 300
10.4
FILED MAR 9 - 1953

0520

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

| | | | | | | | |
|--|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>169</u> | | PRIMARY REG. DIST. NO. <u>4263</u> | | Registrar's No. <u>22</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Knox</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u> | | c. LENGTH OF STAY (In this place) <u>yr</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u> | | 0520 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Verna</u> b. (Middle) <u>Bernice</u> c. (Last) <u>Doyle</u> | | | 4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>24</u> (Year) <u>1953</u> | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>Oct. 16, 1915</u> | |
| 9. AGE (In years last birthday) <u>37</u> | | 10. F. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT WORKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo.</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>J. E. Doyle</u> | | 13b. MOTHER'S MAIDEN NAME <u>Augusta Shores</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>none</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. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. P. Hansen</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>Cerebral haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-renal disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>12 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 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>2/22</u> , 19 <u>53</u> , to <u>2/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/24</u> , 19 <u>53</u> , and that death occurred at <u>12:40 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. Wright</u> | | | | 23b. ADDRESS <u>Leonard Mo.</u> | | 23c. DATE SIGNED <u>2/27/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 26, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cherry Box cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cherry Box, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb. 27 53</u> | | REGISTRAR'S SIGNATURE <u>Helle J. Hunolt</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alf Grimmer</u> | | ADDRESS <u>Edine Mo</u> | |

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.