

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10966

State File No. _____

Do not file
FILED MAR 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>282</u> PRIMARY REG. DIST. NO. <u>3055</u> Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baliviar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baliviar</u> <u>0841</u>	
c. LENGTH OF STAY (In this place) <u>6 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>707 E. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>707 E. Broadway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 13 53</u>	
3. NAME OF DECEASED (Type or Print) <u>Delbert</u> a. (First) <u>Dooley</u> b. (Middle) <u>-</u> c. (Last)		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 9 1877</u>		9. AGE (In years last birthday) <u>75</u> if UNDER 1 YEAR <u>7</u> if UNDER 6 MONTHS <u>6</u> if UNDER 24 HOURS <u>6</u> if UNDER 15 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Lasper Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Dooley</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Mallett</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Eulah Dooley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (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>Mrs. Eulah Dooley</u> ADDRESS <u>Baliviar Mo</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 heart failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Hypertensive Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Jan 1950</u> to <u>Feb 13, 1953</u> , that I last saw the deceased alive on <u>3/13</u> , 19 <u>53</u> , and that death occurred at <u>12:25 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Delbert Dooley</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Baliviar Mo</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 14 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Baliviar Mo</u>		DATE REC'D BY LOCAL REG. <u>March 19, 1953</u>	
REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forinn & Blue</u> ADDRESS <u>Baliviar Mo</u>	

(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-----

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
Oby Jester

Licensed Embalmer No. *4154*

P. O. Address *Bahian, ms.*

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.