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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22189

FILED JUL 9 - 1953 37468-53

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. ~~#19~~ 236

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuivre (Rural) 0040 1
d. STREET ADDRESS (If rural, give location): 1 mile West Vandalia, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Bruce
b. (Middle): Wayne
c. (Last): Doak

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: June 26, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: William T. Doak
13b. MOTHER'S MAIDEN NAME: Betty Lou Paris
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: William T. Doak
ADDRESS:

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): Prematurity due to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Premature Separation
DUE TO (c): of placenta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7615
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* 6/26/53, 19__, *to* 6/27/53, 19__, *that I last saw the deceased alive on* 6/27/53, 19__, *and that death occurred at* 1:54 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edwin R. Lenine MD
23b. ADDRESS: Vandalia Mo
23c. DATE SIGNED: 6/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia, Missouri

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 7/89
FUNERAL DIRECTOR'S SIGNATURE: William B. Waters
ADDRESS: Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 8 1953
MARION CO. HEALTH DEPT.
DATE FILED JUL 8 1953

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 William B. Yates

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.