

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24186

State File No. ....

FILED AUG 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4114 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mendon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mendon</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0218</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eva</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Doss</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-53</u>
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5. SEX <u>A</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN 3-1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Mendon Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. B. Sublett</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Martin</u>	14. NAME OF HUSBAND OR WIFE <u>J. B. Doss</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Doss</u>	ADDRESS <u>Mendon Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chest wound (left)</u>		<u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage</u> DUE TO (c) <u>E976X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ASTHMA AND BEGINNING DEMENTIA.</u>			<u>Years 1 year.</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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mendon Chariton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 26-53 6:55am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Used 410 Ga. Shot Gun.</u>
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22. I hereby certify that I attended the deceased from Jan 19, 1949, to 7-26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 6:55am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm H. Payne</u>	23b. ADDRESS <u>D.O. 2 Mendon Mo</u>	23c. DATE SIGNED <u>July 28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mendon</u>	24d. LOCATION (City, town, or county) (State) <u>Mendon Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-29-53</u>	REGISTRAR'S SIGNATURE <u>Mildred Bane</u>	567	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Keipard</u>	ADDRESS <u>Mendon Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48  
10  
1

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

*S. L. Leopard*

Licensed Embalmer No.

*3979*

P. O. Address

*Mendon W*

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.