

FILED AUG 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27144**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **2053**

4009

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

**1. PLACE OF DEATH**  
a. COUNTY **St. Louis**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)  
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Ferguson 21** d. LENGTH OF STAY in this place **1 yr**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Ferguson 21, MO** e. STREET ADDRESS (If rural, give location) **Hudson Rd & Smith Rd.**

**3. NAME OF DECEASED** (Type or Print)  
a. (First) **ETHEL** b. (Middle) **C.** c. (Last) **DOTY**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**7/23/53**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widowed**

**8. DATE OF BIRTH** **May 31, 1881** **9. AGE** (In years last birthday) **72** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 14 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY** **At Home**

**11. BIRTHPLACE** (City and State or Foreign Country) **England** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Harry Cash** **13b. MOTHER'S MAIDEN NAME** **(Unknown) Robson** **14. NAME OF HUSBAND OR WIFE** **Wm. S. Doty**

**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.** **None**

**17. INFORMANT'S SIGNATURE OR NAME** **Harry H. Cash** **ADDRESS** **Ferguson, Mo.**

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) **Coronary Occlusion**

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Arteriosclerosis**  
DUE TO (c) **Hypertension**

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
**Seribility**  
**Cardiovascular Renal Disease**

**INTERVAL BETWEEN ONSET AND DEATH**  
**2 hrs**  
**20 yrs**  
**25 yrs**

**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.) **4201**

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **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** **June 1952**, to **July 1953**, that I last saw the deceased alive on **July 20, 1953** and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **Marion J. Bishop MD** **23b. ADDRESS** **751 St. Louis E. 101 Crescent Mo** **23c. DATE SIGNED** **27 July 53**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Removal** **24b. DATE** \_\_\_\_\_ **24c. NAME OF CEMETERY OR CREMATORY** **Forest Rose Cemetery** **24d. LOCATION (City, town, or county) (State)** **Lancaster, Ohio**

**DATE REC'D BY LOCAL REG.** **7-27-53** **REGISTRAR'S SIGNATURE** **Herbert R. Danforth** **25. FUNERAL DIRECTOR'S SIGNATURE** **White Chapel** **ADDRESS** **Ferguson, Mo.**

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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.....  
Signature of Student Embalmer

Signed *Eleana Province*.....

Licensed Embalmer No. 3403.....

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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