

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31218

State File No.

FILED OCT 5 1953
BIRTH NO. 57043 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5189 Registrar's No. 47

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

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY OR TOWN Rural, Welch Twp.		c. CITY OR TOWN Rural, Welch Twp.	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) NEAR RANDES 0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL, Welch Twp.			

3. NAME OF DECEASED (Type or Print) a. (First) Eldon b. (Middle) EUGENE c. (Last) DOOLEY			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH Sept. 25, 1953		9. AGE (In years last birthday) —		IF UNDER 1 YEAR: Months — Days — Hours — Min. — Sec. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Earl Dooley		13b. MOTHER'S MAIDEN NAME ANNA MARIE Hitt		14. NAME OF HUSBAND OR WIFE NONE	
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 Earl Dooley ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primature at 5th month		DUPLICATE OF (b) a kugh in the umbilical cord.				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) cord.				
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		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) (Min.)		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 **Sept 25, 1953**, to **Sept 25, 1953**, that I last saw the deceased alive on **Sept 25, 1953**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W.W. Davault M.D. (Degree or title)		23b. ADDRESS Dallas Mo		23c. DATE SIGNED 5/1/28 '53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-53		24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	
				24d. LOCATION (City, town, or county) (State) Advance, Mo.	

DATE REC'D BY LOCAL REG. 4-30-53		REGISTRAR'S SIGNATURE D.G. Lubert		25. FUNERAL DIRECTOR'S SIGNATURE Morgan Funeral Home Advance, Mo. ADDRESS	
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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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed

William H. Maynor

Signed.....

Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advenny 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.