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FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35727

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stalls Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ozark
c. CITY OR TOWN: Gainesville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0774

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): B.
c. (Last): Dooley

4. DATE OF DEATH (Month) (Day) (Year): 10 10 1953

5. SEX: M. 0

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 4-17-1881

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (City and State or Foreign Country): Leroy Kansas 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Newton Dooley

13b. MOTHER'S MAIDEN NAME: Cynthia Ann

14. NAME OF HUSBAND OR WIFE: Dorthy Dooley Gainesville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 495-10-2474

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dorthy Dooley Gainesville, Mo.

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

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): Senility

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

331 X

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* 10-1, 1953, *to* 10-10, 1953, *that I last saw the deceased alive on* 10-10, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Stallings M.D.

23b. ADDRESS: West Plains

23c. DATE SIGNED: 10-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-13-53

24c. NAME OF CEMETERY OR CREMATORY: Lilly Ridge

24d. LOCATION (City, town, or county) (State): Gainesville Mo.

DATE REC'D BY LOCAL REG.: 10-27-53

REGISTRAR'S SIGNATURE: Beatrice Cook 379

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clinkingbeard Funeral Home Gainesville, Mo.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Ubrey

Licensed Embalmer No. 488 S

P. O. Address Gainesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.