

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35739

FILED NOV 6 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>RURAL HOWELL TWP.</b>	c. LENGTH OF STAY (in this place) <b>28 yrs.</b>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>RURAL HOWELL TOWNSHIP</b>	0460
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If rural, give location) <b>WEST PLAINS, Mo. ROUTE 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAE</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>DOLD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 25, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar 30, 1886</b>	9. AGE (In years last birthday) <b>67</b>	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) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own</b>	11. BIRTHPLACE (State or foreign country) <b>KANKAKEE ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	

13a. FATHER'S NAME <b>CALVIN HANEN</b>		13b. MOTHER'S MAIDEN NAME <b>LOU ELLEN</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN DOLD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JOHN DOLD, W. Plains, Mo. R-1</b>		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EMBOLISM</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN.</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				
	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 25 Oct, 1953, to 25 Oct, 1953, that I last saw the deceased alive on 25 Oct, 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>West Plains, Mo</b>	23c. DATE SIGNED <b>2 Nov 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT. 28, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, Mo.</b>
DATE REC'D BY LOCAL REG. <b>11-4-53</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>W. Plains, Mo</b>

**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, ~~on~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Hal J. Lumburg*

Licensed Embalmer No. 3408

P. O. Address W. Plains, X

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

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