

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41899

State File No.

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6219 Registrar's No. 25

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>VERNON 1080</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, Hwywood</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hwywood</u> | |
| c. LENGTH OF STAY (in this place) <u>2 Day</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>M</u> c. (Last) <u>DOLL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 53</u> | | |
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| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Mar 3, 1875</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-----------------|---------------------------|---|-------------------------------------|---|----------------------------------|----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Geo. Seter</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Rice</u> | 14. NAME OF HUSBAND OR WIFE <u>Malcolm Hall, Sr. #3</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Malcolm Hall Nevada Mo.</u> | ADDRESS _____ |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from 12-2, 1953, to 12-2, 1953, that I last saw the deceased alive on 12-2, 1953, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dr. W. J. ...</u> | 23b. ADDRESS <u>Nevada Mo</u> | 23c. DATE SIGNED <u>12-2-53</u> |
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| 24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Dec. 2 53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rawlins Wyo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Rawlins Wyo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 4 1953</u> | REGISTRAR'S SIGNATURE <u>Mrs Ruth ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Benny Sheldon Mo</u> | ADDRESS _____ |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 17 1955

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 L. Gerald Beery

Licensed Embalmer No. 4503

P. O. Address: Sheldon 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.