

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1300

BIRTH NO. 1165-54 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5369 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sheridan Twp</u>		c. LENGTH OF STAY (In this place) <u>10 Min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sheridan Township</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles S.W. Gallatin</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles S.W. Gallatin</u>			d. STREET ADDRESS (If rural, give location) <u>5 Miles S.W. Gallatin</u>		
3. NAME OF DECEASED (Type or Print) <u>Doris</u>		a. (First)	b. (Middle) <u>Marie</u>	c. (Last) <u>Dutro</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 14 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 14 1954</u>	9. AGE (In years last birthday) <u>10</u> If under 1 year: Months _____ Days _____ If under 1 mo. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Richard Dutro</u>		13b. MOTHER'S MAIDEN NAME <u>Fay Canfield</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Dutro, Gallatin, Mo.</u>		
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxin (true knot)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of lead</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
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) <u>Gallatin, Mo.</u>		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?				
22. I hereby certify that I attended the deceased from <u>Jan 14, 1954</u> , to <u>Jan 14, 1954</u> , that I last saw the deceased alive on <u>Jan 14, 1954</u> and that death occurred at <u>1:55 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Floyd E. Nelson</u>		23b. ADDRESS <u>Gallatin, Mo.</u>		23c. DATE SIGNED <u>1-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-15-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Coffey, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-20-54</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.O. Richerson</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0310

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. O. Richerson

Licensed Embalmer No.

3392

P. O. Address

Fall River, 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.