

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2366

State File No.

BIRTH NO. FILED FEB 10 1954 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union 0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Flossie Mae Doyle			4. DATE OF DEATH (Month) (Day) (Year) 1 30 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/14/1910	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 3 Days 16	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Walter McKinnon		13b. MOTHER'S MAIDEN NAME Letha Null		14. NAME OF HUSBAND OR WIFE Claude Doyle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Claude Doyle, Dixon, Missouri	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Cario-Renal disease et anasarca		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure of Rt. Heart DUE TO (c) Rheumatic heart		
	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) (m.)	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 Dec. 24, 19 53, to Jan. 28, 19 54, that I last saw the deceased alive on Jan. 28, 19 54, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE K. W. Milligan 2 (Degree or title) D.O.	23b. ADDRESS Dixon, Missouri	23c. DATE SIGNED Feb. 3 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/2/1954	24c. NAME OF CEMETERY OR CREMATORY Sheppard Cemetery
		24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri

DATE REC'D BY LOCAL REG. 2-5-54	REGISTRAR'S SIGNATURE Cella G. Anderson 458	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 2-6-54
File Number _____

performed 2-5-54
County Health Officer

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed Fred H. Gilman
Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.