

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11813

373

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Breene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Breene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Walnut Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this party)		e. STREET ADDRESS (If rural, give location) <u>Rt # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 2 Walnut Grove</u>			

3. NAME OF DECEASED (Type on Print) a. (First) <u>MARGARET</u> b. (Middle) <u>ANN</u> c. (Last) <u>DOOLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12-1954</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 17-1861</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry B. Cowen</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Massey</u>	14. NAME OF HUSBAND OR WIFE <u>Lafayette Dooley</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>Mrs. Minnie Emery</u> ADDRESS <u>Rt 2 Walnut Grove 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Face</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) _____		
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 <u>191 X</u>	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) _____	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 _____, 1949, to Apr, 1954, that I last saw the deceased alive on Apr 9, 1954, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Harber MD</u>	23b. ADDRESS <u>Walnut Grove Mo.</u>	23c. DATE SIGNED <u>Apr 12-54</u>
--	--------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley Sand Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hickory County - Mo.</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-17-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel</u> ADDRESS <u>Walnut Grove Mo.</u>
---	---	---

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 embalmed by me, or by Student Embalmer No. 56 working under my personal supervision..

Student Francis Coe Marsh
Signature of Student Embalmer

Signed Gayle L. Lawist
Licensed Embalmer No. 170

P. O. Address Wash. D.C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.