

FILED MAY 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14625

BIRTH NO.		REG. DIST. NO. 331	PRIMARY REG. DIST. NO. 4486	Registrar's No. 82
1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, write RURAL and give town) BENTON		c. LENGTH OF STAY (in this place) Life		
d. FULL NAME OF HOSPITAL OR INSTITUTION at JESSIE DOTY HOME		c. CITY (If outside corporate limits, write RURAL and give township) BENTON d. STREET ADDRESS (If rural, give location) ---		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) VOLLY		c. (Last) DOTY
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 2, 1923		9. AGE (In years last birthday) 29		4. DATE OF DEATH (Month) (Day) (Year) Apr 23, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Benton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jessie Jos. Doty		13b. MOTHER'S MAIDEN NAME Anna Edith Stark
14. NAME OF HUSBAND OR WIFE Mrs. Neva Dale Doty		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-28-8202
17. INFORMANT'S SIGNATURE OR NAME Mrs. Barney Weaver		ADDRESS Benton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive metastatic carcinoma to lungs & abd. cavity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seminoma of testicle, Rt. 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 10-16-53		19b. MAJOR FINDINGS OF OPERATION Large Kaposi's tumor 2 marked spread along spermatic cord & in retroperitoneal space		INTERVAL BETWEEN ONSET AND DEATH 3 months 18 months 178 X
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 10-12, 1953, to 4-23, 1954, that I last saw the deceased alive on 4-23, 1954, and that death occurred at 9:50 p.m., from the causes and on the date stated above.		
23a. SIGNATURE L.A. Seabaugh (Doctor) (M.D.)		23b. ADDRESS 209 N. Pacific Cape Girardeau, Mo.		23c. DATE SIGNED 4-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr 25, 1954		24c. NAME OF CEMETERY OR REMATORY. Benton Cemetery
24d. LOCATION (City, town, or county) (State) Benton, Missouri		DATE REC'D BY LOCAL REG. May 1 - 54		REGISTRAR'S SIGNATURE Mrs. Adeline Harris 395-8
25. FUNERAL DIRECTOR'S SIGNATURE Susplinghoff Funeral Home		ADDRESS Illmo, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 3 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 554-290 91

**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 Oliver Clum

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.