

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16891

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <del>PIKE</del> MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FRANKFORD, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL		d. STREET ADDRESS (If rural, give location) 08 <sup>20</sup> 0	
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) - c. (Last) DOOLIN		4. DATE OF DEATH (Month) (Day) (Year) 6 4 1954	
5. SEX M	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH SEPT, 20, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
13a. FATHER'S NAME TURNER DOOLIN		13b. MOTHER'S MAIDEN NAME LUCY WILLIAMS	11. BIRTHPLACE (State or foreign country) MO
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. NONE	12. CITIZEN OF WHAT COUNTRY? U.S.
17. INFORMANT'S SIGNATURE OR NAME ELMER DOOLIN		ADDRESS FRANKFORD MO	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cordis DUE TO (c) Vascular Renal Disease 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 442 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 WK.	
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 6/4, 1954, to 6/4, 1954, that I last saw the deceased alive on 6/4, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. H. Swellen M.D.		23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 6-4-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-8-1954	24c. NAME OF CEMETERY OR CREMATORY Fair View	24d. LOCATION (City, town, or county) (State) Frankford Mo
DATE REC'D BY LOCAL REG. JUN 4, 1954	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo E Roberts Hannibal	

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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal

**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.