

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21825

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 4517 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Branson</u> c. LENGTH OF STAY (In this place) <u>Community</u>		c. CITY OR TOWN _____	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spring Comm. Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Rural 1040</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Dooling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Nov-24-1953</u>
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>name</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Neil Dooling</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Hedrick</u>	14. NAME OF HUSBAND OR WIFE <u>name</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or time of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Neil Dooling</u> ADDRESS <u>Rural 1040</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Ductus Arteriosus</u> ANTECEDENT CAUSES _____ 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>7541</u>	
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 <u>6-19-54</u> , to <u>6-19-54</u> , that I last saw the deceased alive on <u>6-19-54</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.C. Meyner M.D.</u>		23b. ADDRESS <u>Branson, MO</u>	
23c. DATE SIGNED <u>6-21-54</u>		24a. NAME OF CEMETERY OR CREMATORY <u>Rockwood and Reedsburg</u>	
24b. DATE <u>6-21-54</u>		24c. LOCATION (City, town, or county) (State) <u>MO</u>	
24d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.O. Whelchel</u> ADDRESS <u>Branson MO</u>	
DATE REC'D BY LOCAL REG. <u>6-26-54</u>		REGISTRAR'S SIGNATURE <u>L E Loggner</u>	

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

10600

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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.....  
Signature of Student Embalmer

Signed *Minnie L. White*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Branson*.....

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.