

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26781

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. 77	
1. PLACE OF DEATH a. COUNTY <u>Stanberry, Mo.</u> <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>		c. LENGTH OF STAY (in this place) <u>34 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>N. High St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Catherine</u> b. (Middle) <u>Dollars</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>7/28/1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-28-1878</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		9. AGE (If under 1 year) (Month) (Day) (Year) <u>9</u>	
11. BIRTHPLACE (State or foreign country) <u>Denver, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Consoliver</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Dollars</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 - ADDRESS <u>Mrs Ella Maggard Detroit, Mich.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Oedema (general)</u>				INTERNAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) (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 <u>1950</u> , 19 <u>50</u> to <u>July 28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 28</u> , 19 <u>54</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. J. Milligan</u>				23b. ADDRESS <u>207 S. Stanberry Mo</u>		23c. DATE SIGNED <u>7-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Denver Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 9-1954</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Fatoy Phillips</u>		ADDRESS <u>Stanberry Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Leroy Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Staten Island, N.Y.*

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.