

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29838**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **995**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 15 days	c. CITY OR TOWN Gallatin	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital		e. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) Rhoda	b. (Middle) Katherine	c. (Last) Doolin	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 18, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and State or Foreign Country) Daviess County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Philip Shaw	13b. MOTHER'S MAIDEN NAME Orilla Ann England	14. NAME OF HUSBAND OR WIFE LeRoy Doolin, deceased
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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	17. INFORMANT'S SIGNATURE OR NAME Clinton R. Shaw, Altamont, Mo.	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic Myocarditis.		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction		3 wk.
	DUE TO (c) Carcinoma Sigmoid		1 yr.
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8/27, 1954** to **9/11, 1954** that I last saw the deceased alive on **9/11, 1954** and that death occurred at **4:00a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. Conard M.D.	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 9/11/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Civil Bend Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.
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DATE REC'D BY LOCAL REG. Sept. 15, 1954	REGISTRAR'S SIGNATURE Katherine M. Allison	483	25. FUNERAL DIRECTOR'S SIGNATURE Carroll Clark	ADDRESS Clark Funeral Home St. Joseph, Mo.
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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.....
Signature of Student Embalmer

Signed *Earl A. Clark*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

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.