

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30399

FILED SEP 27 1954

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4214		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater Rural c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Bryan c. (Last) Dollard		4. DATE OF DEATH (Month) Sept (Day) 17 (Year) 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 8th 1896		9. AGE (in years last birthday) 58		10. MONTHS 6	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Wisby Dollard		13b. MOTHER'S MAIDEN NAME Nannie Howes	
14. NAME OF HUSBAND OR WIFE Pearl Dollard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War no 1		16. SOCIAL SECURITY NO. 496 07 9234		17. INFORMANT'S SIGNATURE OR NAME Pearl Dollard Deepwater 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) gun shot wound left chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E976X				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.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fairview townships Henry Mo		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 17 54 5:54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 1954, to 9:17, 1954, that I last saw the deceased alive on 20.4, 1954, and that death occurred at 5:54 a.m., from the causes and on the date stated above.							
23a. SIGNATURE R. J. Powell Do coroner				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 9/17/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 21 1954		24c. NAME OF CEMETERY OR CREMATORY Mt Washington Cem		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. Sept 21-1954		REGISTRAR'S SIGNATURE Florence Adam		25. FUNERAL DIRECTOR'S SIGNATURE Tom Hurst		ADDRESS Deepwater Mo	

(Licensed Embellisher's Statement on Reverse Side)

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

SEP 27 1950

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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

Student Embalmer

Signed

John Hurst

Licensed Embalmer No. *2787*

P. O. Address *Deepwater 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.