

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31478

State File No.

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>Life Time</u>	c. CITY OR TOWN <u>Unionville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u> </u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0860</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) _____ c. (Last) <u>Dooley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 2, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 19, 1898</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR: Months <u>9</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Municipal Light Plant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri</u>	
13a. FATHER'S NAME <u>Uriah Dooley</u>		13b. MOTHER'S MAIDEN NAME <u>Captoria Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Irene E. Dooley Unionville, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-12-6245</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS/ <u>Mrs. Irene E. Dooley Unionville, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION.			INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Subnormal</u> DUE TO (b) _____ <u>Carcinoma</u> 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"/>	

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>4-16, 1954</u> to <u>10-2, 1954</u> that I last saw the deceased alive on <u>10-1, 1954</u> and that death occurred at <u>1:15 A.m.</u> , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <u>L. W. McDonald</u>	23b. ADDRESS <u>Unionville, Mo.</u>	23c. DATE SIGNED <u>10/4/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/4/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>
DATE REC'D BY LOCAL REG. <u>10-8-54</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/4/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-8-54</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Comstock Funeral Home Unionville, Mo.</u>	

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

0860

NOV 3 1934

NOV 17 1934

OCT 14 1934

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.....
John D. Comstock

Licensed Embalmer No. 389

P. O. Address *Unionville*

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.