

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36733**

FILED NOV 22 1954

BIRTH NO. **67930-54** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **2**

1. PLACE OF DEATH
a. COUNTY **Cape Girardeau**
b. CITY (If outside corporate limits, write RURAL and give town) **Cape Girardeau** c. LENGTH OF STAY (in this place) **24 hrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Cape Osteopathic Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Stoddard**
c. CITY (If outside corporate limits, write RURAL and give township) **Charter Oak**
d. STREET ADDRESS (If rural, give location) **1030 1**

3. NAME OF DECEASED
a. (First) **Deborah** b. (Middle) **Lee** c. (Last) **Doyle**

4. DATE OF DEATH (Month) (Day) (Year)
9 30 54

5. SEX **Female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **C**

8. DATE OF BIRTH **9-29-54**
9. AGE (In years last birthday) **-** IF UNDER 1 YEAR Months **-** Days **-** IF UNDER 24 HRS. Hours **24** Min. **25**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Cape Girardeau Mo**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Gerald Lee Doyle**

13b. MOTHER'S MAIDEN NAME **Barbara Anita Buchanan**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Gerald Lee Doyle** ADDRESS **Charter Oak**

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) **Prematurity**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Premature Separation of Placenta
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
6 mos.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES NO

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) **7615**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1954, to 9-30, 1954, that I last saw the deceased alive on 9-30, 1954, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **G. L. Schaefer M.D.**

23b. ADDRESS **585 - Spaworth**

23c. DATE SIGNED **10-8-54**

24a. BURIAL, CREMATION REMOVAL (Specify) **Burial**

24b. DATE **10-1-54**

24c. NAME OF CEMETERY OR CREMATORY **Charter Oak Cem. Charter Oak Mo**

24d. LOCATION (City, town, or county) (State) **Charter Oak Mo**

DATE REC'D BY LOCAL REG. **11-16-54**

REGISTRAR'S SIGNATURE **C. C. Summers**

25. FUNERAL DIRECTOR'S SIGNATURE **Tuller care of by friends & relatives** ADDRESS

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.....

Licensed Embalmer No.....

P. O. Address.....

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.