

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8754

State File No.

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4301 Registrar's No. 2

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> <u>05.70</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> <u>0580</u> | |
| b. CITY OR TOWN <u>Meadville</u> <u>1</u> (If outside corporate limits, write RURAL and give township) | | c. CITY OR TOWN <u>Meadville</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | |
| e. STREET ADDRESS (If rural, give location) _____ | | | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>BENJAMIN FRANKLIN DOOLIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-55</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>7-3-1878</u> | | 9. AGE (In years last birthday) <u>76</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 11. IF UNDER 1 HRS. Hours _____ Min. _____ | | 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Shoeryman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Thomas Doolin</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Amelia Lightner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Stella</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u> (If yes, give war or dates of service) _____ | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Stella Doolin, Meadville, Mo</u> | | ADDRESS _____ | |

| | | | | | | |
|---|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrotic Syndrome</u> | | | <u>4 days</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 Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic Glomerular Nephritis</u> | | | <u>5 years</u> | |
| | | DUE TO (c) <u>Generalized arteriosclerosis</u> | | | <u>5 years</u> | |
| 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) _____ | | 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 Oct 12, 1954, to March 17, 1955, that I last saw the deceased alive on March 17, 1955, and that death occurred at 11:50 a.m., from the cause and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE <u>D. W. Bohner M.D.</u> (Degree or title) | | 23b. ADDRESS <u>10211 Linn Pines Rd Mo</u> | | 23c. DATE SIGNED <u>3/18/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-20-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Meadville Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Boalther Funeral Home, Meadville, Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Mar. 19-1955</u> | | REGISTRAR'S SIGNATURE <u>Chris A. Martens</u> <u>169</u> | | ADDRESS _____ | |

(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.....
Signature of Student Embalmer

Signed..... *W. R. Knight*

Licensed Embalmer No. *465*

P. O. Address *Frederick, Md.*

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.