

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Simpson 30109
State File No.

FILED OCT 3-1955

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 561

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>223 S. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 S. Main</u>		e. STREET ADDRESS (If rural, give location) <u>223 S. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>DOOLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27-1955</u>		
5. SEX <u>♀</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>April-15-1879</u>		9. AGE (in years last birthday) <u>76</u>		10. IF UNDER 1 YEAR (Month) (Day) (Min.) <u>5 12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>John Doolin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Ready</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____	

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) <u>Cancer of descending colon 1 yr.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) <u>153x</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>infection of gums & teeth</u>			

19a. DATE OF OPERATION <u>None</u>		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 July 1954, to Sept 27, 1955, that I last saw the deceased alive on Sept 26, 1955 and that death occurred at 3 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W B Simpson</u> (Degree or title) <u>Dr</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>9-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crema</u>		24b. DATE <u>9/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Michael Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-28-1955</u>		REGISTRAR'S SIGNATURE <u>Milton Brown</u>		167 _____	

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 J. B. Backlock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.