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

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34494

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 301

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 226 Trimfoot terrace

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2159
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ~~3537 Delor~~ St. Louis
3537 Delor St. Louis

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): Donald
c. (Last): Doolin

4. DATE OF DEATH (Month) (Day) (Year): Oct 25 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 22 1933
9. AGE (In years on last birthday): 22 — If under 1 year: Months 3, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): male registred
10b. KIND OF BUSINESS OR INDUSTRY: nurse
11. BIRTHPLACE (City and State or Foreign Country): Piedmont Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: O. E. Doolin
13b. MOTHER'S MAIDEN NAME: Virginia Cotner
14. NAME OF HUSBAND OR WIFE: Jean Violet Doolin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jean Doolin 3537 Delor, St. Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Multiple Pulmonary Infarcts old & recent — 1-2 hrs

DUE TO (c) Congenital chest deformity — lifetime

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4343

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Oct 24, 1955, *to* Oct. 24, 1955, *that I last saw the deceased alive on* Oct 24, 1955, *and that death occurred at* 5:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul O Edgar M.D.
23b. ADDRESS: Box 147 Farmington, Mo
23c. DATE SIGNED: 10-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 28 1955
24c. NAME OF CEMETERY OR CREMATORY: New Calvary
24d. LOCATION (City, town, or county) (State): Farmington Mo

DATE REC'D BY LOCAL REG.: Oct. 28, 1955
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cozean Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... CH Cozean .....

Licensed Embalmer No. 408

P. O. Address ..... Fleming

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.