

FILED DEC 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36475**BIRTH NO. _____ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **5432** Registrar No. **61**

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN (RURAL)		c. LENGTH OF STAY (In this place) 55 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (RURAL) SULLIVAN 0360		d. STREET ADDRESS (If rural, give location) BACON RIDGE RD. NORTH OF SULLIVAN			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) BACON RIDGE RD. NORTH OF SULLIVAN					
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) Louden		c. (Last) Doyle		4. DATE OF DEATH (Month) (Day) (Year) Dec 2 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 29, 1870		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months X Days 3 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI-FRANKLIN CO. U.S.A.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY HASTINGS DOYLE				13b. MOTHER'S MAIDEN NAME SUSAN WATSON			14. NAME OF HUSBAND OR WIFE MAGGIE ROCK DOYLE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MAGGIE DOYLE SULLIVAN, MO 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary of Sclerum				INTERVAL BETWEEN ONSET AND DEATH from 2-3 months	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 154X					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pentastis Hypertrophy				Years. Years.	
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) (Min.)		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 April 21 , 19 54 , to Dec 2 , 19 55 , that I last saw the deceased alive on Nov 29 , 19 55 , and that death occurred at 2:00 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert Crawford M.D.				23b. ADDRESS Sullivan, Missouri			23c. DATE SIGNED Dec 4, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-4-55		24c. NAME OF CEMETERY OR CREMATORY CAVE SPRING CEMETERY		24d. LOCATION (City, town, or county) (State) RURAL SULLIVAN, MO			
DATE REC'D BY LOCAL REG. 12-5-55		REGISTRAR'S SIGNATURE Thomas G. Murphy			25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS H. W. Eaton, Sullivan, Mo.				

(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
Student Embalmer

Signed *J. A. Dempsey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, Me.*

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.