

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43100

State File No.

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (in this place) <u>25 years</u>	c. CITY OR TOWN <u>Marshall</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>540 East Eastwood</u>		e. STREET ADDRESS (If rural, give location) <u>540 East Eastwood</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Doane</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17th, 1955</u>
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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>Nov. 21st, 1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Ephriem Doane</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Griffith</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Barlow Doane</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-01-0604A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred E. Doane, Marshall, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic & hypertensive cardiovascular disease.</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5 Nov, 1955, to 17 Dec, 1955, that I last saw the deceased alive on 17 Dec, 1955, and that death occurred at 5-30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Veale H. Jones M.D.</u> (Degree or title)	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>12-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 19-55</u>	REGISTRAR'S SIGNATURE <u>Cecil A. Reed / Deputy 385-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u> ADDRESS <u>Marshall, Mo.</u>
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(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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James H. Lewis

Licensed Embalmer No. *479*

P. O. Address *Marshall*

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