

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5903**

FILED FEB 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Rural Union</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			f. STREET ADDRESS (If rural, give location) <u>0840</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>Mary</u> c. (Last) <u>Doyel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 4 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/18/1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Koeltztown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Henry Wulff</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John Doyel</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Doyel, Dixon, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intertrochanteric Fracture of Left Femur</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Shock and Left heart failure</u>				
	DUE TO (c) <u>Acute Pulmonary Edema.</u>				
II. OTHER SIGNIFICANT CONDITIONS	<u>Old Coronary condition. Hypertension</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9000 21</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>A ccident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dixon 08 Pulaski Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 2 1956 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on ice on front step of home.</u>		
22. I hereby certify that I attended the deceased from <u>Feb. 2</u> , 19 <u>56</u> , to <u>Feb. 4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 3</u> , 19 <u>56</u> , and that death occurred at <u>8:50P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. K. W. Milligan D.O.</u>			23b. ADDRESS <u>Dixon, Mo.</u>		23c. DATE SIGNED <u>Feb. 6 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/7/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-7-56</u>	REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred B. Gilbert, Dixon, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-7-56  
Health County Health Officer  
Date Filed 5-11-56

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 Frederick H. Gier, Student Embalmer No. ...., working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Frederick H. Gier  
Licensed Embalmer No. 234  
P. O. Address Arkou

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.