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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14296

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Moberly</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>625 Garfield</u>		e. STREET ADDRESS (If rural, give location) <u>625 Garfield 08870</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Fred</u> c. (Last) <u>Doehring</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 17-1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 19-1866</u>	9. AGE (in years) last birthday <u>89</u>	10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>28</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	

13a. FATHER'S NAME <u>Frederick Doehring</u>	13b. MOTHER'S MAIDEN NAME <u>No data</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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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>486-12-3210</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Clara Doehring</u> ADDRESS <u>Moberly Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cyptitis</u>		3 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 Aug 13, 1953, to April 12, 1956, that I last saw the deceased alive on April 16, 1956, and that death occurred at 3:25 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles Clark M.D.</u>	23b. ADDRESS <u>Moberly Mo</u>	23c. DATE SIGNED <u>April 18 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-18-56</u>	REGISTRAR'S SIGNATURE <u>Leah B. Lane</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u> ADDRESS <u>Moberly Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

69-0

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.....
Signature of Student Embalmer

Signed *Frank D. J. White*.....

Licensed Embalmer No. *302*.....

P. O. Address *Quincy*.....

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.