FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2665

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 637

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: St.Louis City Hospital — Length of stay in Ib: 25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Advance 1030 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location): Rural Route 3 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Raymond Middle Arthur Last Dockins
4. DATE OF DEATH: Month Jan. Day 19 Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct.10,1914
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kennett, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: Perry Dockins
14. MOTHER'S MAIDEN NAME: Vada Adamson
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.: 499-03-0066
17. INFORMANT: Raymond D.Dockins, 8516 Minnesota — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Stabwound of the abdomen;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Shock;
DUE TO (c) Cardiac Arrest,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) suffered severe rectal injury with [illegible] WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE X
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18): Fell and Stabbed Rome St 1407 Maurice, about 315 am.;
20c. TIME OF INJURY: Hour 915 a. m. Month, Day, Year 1 19 57 January 19th 1957. E982x
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: St Louis COUNTY: STATE: Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 915A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) 3
22b. ADDRESS: 1300 Clover
22c. DATE SIGNED: 1/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-22-57
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR: Albert H.Hoppe, ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JAN 21 '57
26. REGISTRAR'S SIGNATURE: Karl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Robert M. Murra

3749

Licensed Embalmer No.....

P. O. Address St Louis

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.