

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7960

State File No.

BIRTH NO.		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5245</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Keytesville Twp.</u>		c. LENGTH OF STAY (In this place) -----		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Keytesville Twp.</u>		0210			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #24 E. of Keytesville</u>				d. STREET ADDRESS (If rural, give location) <u>8-Miles S. of Keytesville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u> b. (Middle) <u>L.</u> c. (Last) <u>Dooley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1957</u>						
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>March, 24th, 1901</u>			
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Dooley</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Richards</u>		14. NAME OF HUSBAND OR WIFE <u>Frankie Dooley</u>			
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>489-30-6281</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Curtis Dooley-Keytesville, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</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. 8/61 26				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY #24</u>		21c. CITY, TOWN, OR TOWNSHIP <u>021</u> (COUNTY) (STATE) <u>KEYTESVILLE TWP, CHARITON MO.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MARCH 12-1957 7:05 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor He was driving stuck from rear by auto</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:05 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. D. Garnett, Coroner</u>				23b. ADDRESS <u>Keytesville Mo.</u>		23c. DATE SIGNED <u>3-14-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-15-57</u>		REGISTRAR'S SIGNATURE <u>Red Hartman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. D. Garnett Keytesville Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

550

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

A. D. Gamett

Licensed Embalmer No.

3046

P. O. Address

Keytesville Mo.

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.