Health, Welfare Public Service

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24234

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5468 Registrar's No. 715

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rogersville, Taylor Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Springfield Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 214 Cherry Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Eunice	Middle: Jean	Last: Doran	4. DATE OF DEATH Month: July Day: 14 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH: April 9, 1927	9. AGE (In years last birthday): 30 — 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): Sales Clerk	10b. KIND OF BUSINESS OR INDUSTRY: ~~Salaried~~ Retail	11. BIRTHPLACE (City and state or country): Greene Co, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Doaley Thompson	13b. MOTHER'S MAIDEN NAME: Emma Norman	14. NAME OF HUSBAND OR WIFE: —		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.: 567-38-1524	17. INFORMANT: Doaley Thompson Address: Rogersville, Mo		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: INST

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) See 20 B

DUE TO (c) 9298

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Swimming in James River 1 mile east of McGraw Ford while on picnic

20c. TIME OF INJURY Hour: about 12:30 p.m. Month, Day, Year: July 19, 1957

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.) At River

20f. CITY, TOWN, OR LOCATION: Taylor Twsp. COUNTY: Greene STATE: Missouri

21. I attended the deceased from ——, to —— and last saw her/him alive on ——

Death occurred at 12:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph H. Rheim Coroner	22b. ADDRESS: Springfield Missouri	22c. DATE SIGNED: 18 July 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7-17-57	23c. NAME OF CEMETERY OR CREMATORY: Palmetto Cemetery	23d. LOCATION (City, town, or county) (State): Rogersville Rural, Missouri
24. FUNERAL DIRECTOR ADDRESS: W. C. Ferrell, Rogersville, Mo	25. DATE RECD. BY LOCAL REG.: 7-18-57	26. REGISTRAR'S SIGNATURE: Edith Williams	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 27 1959

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 Wm K. Ferrell

Licensed Embalmer No. 4910

P. O. Address Rogersville, Ala.

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.