

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

1677

STATE FILE NUMBER

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 31

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1-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Diamond	
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION McCune-Brooks		Length of stay in lb 2. days	
3. NAME OF DECEASED (Type or print) EDWARD ELWOOD DOERGE		4. DATE OF DEATH Feb 6, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 5, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and state or country) Newton County, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward A. Doerge		14. MOTHER'S MAIDEN NAME Mary Waldon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 600-09-1865A	
17. INFORMANT Mason Doerge, 1606 Main, Carthage		Address Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary Fibrosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 481X		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb 4 '58 to Feb 6 '58 and last saw her alive on Feb 6 '58 Death occurred at 10:50 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George A. Wood M.D.		22b. ADDRESS 304 Grant, Carthage, Mo	
22c. DATE SIGNED 2-7-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-9-58	
23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		23d. LOCATION (City, town, or county) (State) Diamond, Missouri	
24. FUNERAL DIRECTOR KNELL MORTUARY		ADDRESS Carthage, Mo	
25. DATE RECD. BY LOCAL REG. 2-8-58		26. REGISTRAR'S SIGNATURE Ely Clutier	

County File Number 578-2-151  
Date Filed EB 12 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 Robert H. Knell

Licensed Embalmer No. 44

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.