

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011092
STATE FILE NUMBER

FILED APR 15 1958

292

Primary Registration District No. 4434

Registrar's No.

Health, Welfare, Public Service
0870
300
1-56
All doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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
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1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Center, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Center, Mo			Length of stay in 1b 10Yrs		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle E. Last DOYLE				4. DATE OF DEATH APR 11, 1958				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 21, 1895		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ralls Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Yager.				14. MOTHER'S MAIDEN NAME Mary Ellen				
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.		17. INFORMANT Mrs Edward Webb		Address Center, 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) Coronary Thrombosis DUE TO (b) Angina Pectoris DUE TO (c) Unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None Known							INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years	
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.)					
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 July 10 '56 to April 1 '58 and last saw her alive on April 26 '58 Death occurred at 9:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE C. H. Brooks (Degree or title) D.O.			22b. ADDRESS Center, Missouri			22c. DATE SIGNED 4-3-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-3-58	23c. NAME OF CEMETERY OR CREMATORY St Olivet Cemetery		23d. LOCATION (City, town, or county) Hannibal, Mo.		(State)	
24. FUNERAL DIRECTOR Clyde B. Wilkey ADDRESS Perry, Mo.			25. DATE RECD. BY LOCAL REG. 4-3-1958		26. REGISTRAR'S SIGNATURE Clyde B. Wilkey			

(Licensed Embalmer's Statement on Reverse Side)

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 *Clyde C. Wisney*
 Licensed Embalmer No. *38*
 P. O. Address *Ferry*

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 *Clyde C. Wisney*
 Licensed Embalmer No. *38*
 P. O. Address *Ferry*

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.