

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021210
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Spgs		c. CITY OR TOWN El Dorado Spgs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) 606 S. Grand	

3. NAME OF DECEASED (Type or print) First Middle Last MARY LEONA DOOLIN			4. DATE OF DEATH Month Day Year 7-9-58		
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5. SEX FEM	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 00 4.18.90	9. AGE (In years of birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cedar Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John R. Letney	13b. MOTHER'S MAIDEN NAME Ella Barnes	14. NAME OF HUSBAND OR WIFE Jim Doolin
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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 Jim Doolin El Dorado Spgs
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Physical exhaustion DUE TO (b) Carcinoma of uterus DUE TO (c) and metastasis 174X		INTERVAL BETWEEN ONSET AND DEATH 7 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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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
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21. I attended the deceased from 10-28-53 to 7-9-58 and last saw her alive on 7-9-58 Death occurred at 7:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE H. Sunderwirth D.O. 2	22b. ADDRESS El Dorado Springs Mo	22c. DATE SIGNED 7-11-58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Bene.	23b. DATE 7-13-58	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) El Dorado Spgs Mo
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24. FUNERAL DIRECTOR Nafes El Dorado Spgs Mo	25. DATE RECD. BY LOCAL REG. 7-11-58	26. REGISTRAR'S SIGNATURE George W. Nafes
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300

1-57

201

1

All diseases in Part I must be causally related.

190

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 *George W. Napier*

Licensed Embalmer No. *2752*.....

P. O. Address *El Dorado, Ark.*.....

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.