Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022611
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 14-58

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital — Length of stay in Hospital 3 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Miller
c. CITY OR TOWN Tuscumbia — Inside Limits Yes ☐ No ☒
0666 STREET ADDRESS RFD (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Lonnie Middle Edward Last Doubikin

4. DATE OF DEATH Month May Day 20 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8/3/1904
9. AGE (In years last birthday) 53 — 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) Hy Maint
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Miller Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter Doubikin
13b. MOTHER'S MAIDEN NAME Annie Shockley
14. NAME OF HUSBAND OR WIFE Dona Doubikin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-12-6531
17. INFORMANT Dona Doubikin Address Dona Doubikin Tuscumbia, 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) Shock + Electrolyte Imbalance — INTERVAL BETWEEN ONSET AND DEATH 60 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Peritonitis
DUE TO (c) perforated duodenal ~~gastric~~ ulcer
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5411
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-18-58 to 5-20-58 and last saw him alive on 5-20-58
Death occurred at 5-20-58 5:31 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. E. Humphreys (Degree or title) D.O.
22b. ADDRESS Tuscumbia, Mo.
22c. DATE SIGNED 6-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/22/58
23c. NAME OF CEMETERY OR CREMATORY Livingston
23d. LOCATION (City, town, or county) (State) Iberia, Mo

24. FUNERAL DIRECTOR Walter D. Hedges ADDRESS Hedges Funeral Homes Iberia, Mo
25. DATE RECD. BY LOCAL REG. June 6, 1958
26. REGISTRAR'S SIGNATURE Mrs. W. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

RECEIVED
JUN 9 '58
Miller County
Health Department

SEP 25 1961

SEP 20 1961

JUN 16 1958

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 Walter D. Hedges

Licensed Embalmer No. 4265

P. O. Address Perry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.