

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028371

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No.

43

Primary Registration District No.

Registrar's No.

519

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, Res. before admission) a. STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Star Route 101 20 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp Length of stay in 1b 2 Wks.		d. STREET ADDRESS NEELYVILLE (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL MOSES DOOLIN			4. DATE OF DEATH Month Day Year Sept. 3-1958
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH FEB. 7-1886
9. AGE (In years, Months, Days, Hours, Min.) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
11. BIRTHPLACE (City and state or country) Butler Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME ARCH DOOLIN		13b. MOTHER'S MAIDEN NAME SIS ALEXANDER	
14. NAME OF HUSBAND OR WIFE NONE		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. NONE		17. INFORMANT Address CLARENCE BLAGG - NEELYVILLE-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) Heart of Lin Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH _____
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 <input type="checkbox"/> NOT WHILE 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 1561	
21. I attended the deceased from 8-23-1958 to 9-3-1958 and last saw ^{her} _{him} alive on 9-3-1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. H. ...		22b. ADDRESS ...	
22c. DATE SIGNED 9-5-1958		23a. BURIAL, CREMATION, OR MOV. (Specify) BURIAL	
23b. DATE 9/5/58		23c. NAME OF CEMETERY OR CREMATORY COON ISLAND CEM.	
23d. LOCATION (City, town, or county) (State) Butler Co., Missouri		24. FUNERAL DIRECTOR ADDRESS Edwards-Parrent-Naylor-Mo.	
25. DATE RECD. BY LOCAL REG. 9-6-58		26. REGISTRAR'S SIGNATURE ...	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Never, however, enter, in Part I, any statement of nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

SEP 11 1968

BUTLER CO. HEALTH CENTER

FILE NO.

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: Gene Parent

Licensed Embalmer No. 41809 P. O. Address Naylor, 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.