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Corrected

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029608
STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 208

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Chillicothe — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Susans Nursing Home — Length of stay in 1b 10yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe 0592 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1661 Springhill St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Bridgett Middle: T. Last: Dooley

4. DATE OF DEATH Month: Aug. Day: 26 Year: 1958

5. SEX Fem. 1

6. COLOR OR RACE White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] 0 **DIVORCED** [ ]

8. DATE OF BIRTH Aug. 23, 1872

9. AGE (In years last birthday) 86 — 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) Cook

10b. KIND OF BUSINESS OR INDUSTRY Resturant

11. BIRTHPLACE (City and state or country) Linn County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nicholas Dooley

13b. MOTHER'S MAIDEN NAME Elizabeth Hogan

14. NAME OF HUSBAND OR WIFE xx

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) xx

16. SOCIAL SECURITY NO. 486-32-3195

17. INFORMANT Lucille Murphy, Dawn, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial sclerosis — 5yrs
DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 1-58, to Aug 26-58 and last saw her alive on Aug 10-58
Death occurred at 4:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Conrad (Degree or title) MD.

22b. ADDRESS Chillicothe Mo

22c. DATE SIGNED Aug 28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Aug. 28, 1958

23c. NAME OF CEMETERY OR CREMATORY Leopolis cemetery

23d. LOCATION (City, town, or county) Livingston, Co., Mo. (State)

24. FUNERAL DIRECTOR Donald Gordon, Chillicothe, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG. 8/28/58

26. REGISTRAR'S SIGNATURE Frances B Neal

(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.

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 Richard H. Bandac

Licensed Embalmer No. 4866

P. O. Address Chillicothe

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.