

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039038

STATE FILE NUMBER

1298

FILED DEC 15 1958

Registration District No. 042

Primary Registration District No.

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Township		c. CITY OR TOWN Wallace	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 1/2 mi. S. Wallace		d. STREET (If outside, give location) ADDRESS Rural	
3. NAME OF DECEASED (Type or print) First Middle Last LULAR VIRGINIA DOOLEY		4. DATE OF DEATH Month Day Year Nov. 26, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Stewartsville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Benjamin Ball	
13b. MOTHER'S MAIDEN NAME Nancy Elrod		14. NAME OF HUSBAND OR WIFE Moses Dooley	
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 Naomi Ball Baker, Weston, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock			INTERVAL BETWEEN ONSET AND DEATH about 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Subtrachanteric fracture left femur & exposure			about 2 hrs
DUE TO (c) Probable fall			about 2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Confirmed by exploratory incision			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Probable fall	
20c. TIME OF INJURY Hour Month, Day, Year about 9 p.m. 11/26/58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION Wallace	COUNTY STATE Buchanan Missouri
21. I attended the deceased from viewed body to and last saw her alive on Nov. 27, 1958 Death occurred at about 11 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Buchanan Co S. E. Melaney		22b. ADDRESS 214 Kirkpatrick Bldg St. Joseph, Mo	22c. DATE SIGNED Nov. 27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Vaughn Funeral Home	23d. LOCATION (City, town, or county) (State) Weston Missouri
24. FUNERAL DIRECTOR Muschkeffler, Freeman Inc. 107 E. 2nd	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec 9, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Dr. S. E. Melaney

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 *Line J. Cheney*

Licensed Embalmer No. *4679*

P. O. Address *St. Joseph, 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.