Health, Welfare Public Service

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FILED NOV 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6285-58-043113
STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. ~~[illegible]~~ Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mountain Grove - Twp. — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Diltz Rest Home — Length of stay in Ib 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Mountain Grove — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 302 East First St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: Lee Last: Doane

4. DATE OF DEATH Month: November Day: 9 Year: 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH August 30, 1868

9. AGE (In years last birthday) 90 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Douglas County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Dobbs

13b. MOTHER'S MAIDEN NAME Francis Bryant

14. NAME OF HUSBAND OR WIFE Clarence Albert Doane

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.

17. INFORMANT Herbert F. Doane Address St. Clair, Missouri

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) Bronchial Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Edema
DUE TO (c) Cardio-Renal-Vascular Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442x

INTERVAL BETWEEN ONSET AND DEATH

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 Nov. 6, '58, to Nov. 9, '58 and last saw her alive on Nov. 8, '58
Death occurred at 6:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E. Mitchum (Degree or title) D.O.

22b. ADDRESS Mtn. Grove, Missouri

22c. DATE SIGNED 11-17-58

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

23b. DATE 11/11/1958

23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery

23d. LOCATION (City, town, or county) (State) Douglas County, Missouri

24. FUNERAL DIRECTOR Barber Funeral Home ADDRESS Mtn. Grove, Mo

25. DATE RECD. BY LOCAL REG. 11-20-1958

26. REGISTRAR'S SIGNATURE Bernice L. Silverman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED 11-24-57 HEALTH DEPT.

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 Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn Grove, 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.