

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043652

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 098 Primary Registration District No. Registrar's No. 123

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Daviess | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union Township | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Rural Union Twp. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. South Gallatin | | Length of stay in 1b 49 Yrs. | d. STREET ADDRESS (If outside, give location) 2 Mi. S. Gallatin |
| 3. NAME OF DECEASED (Type or print) First Harry Middle Alexander Last Doak | | | 4. DATE OF DEATH Month December Day 19 Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 12, 1880 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner | 11. BIRTHPLACE (City and state or country) Daviess Co. Missouri |
| 13a. FATHER'S NAME Peter Porter Doak | | 13b. MOTHER'S MAIDEN NAME Lucretia Parker | 14. NAME OF HUSBAND OR WIFE Sarah T. Doak |
| 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. 487-12-7612 | 17. INFORMANT Address Mrs. Sarah T. Doak Gallatin, 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) Cerebral vascular accident | | | INTERVAL BETWEEN ONSET AND DEATH 8 days |
| 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) Benign prostatic hypertrophy | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | |
| 21. I attended the deceased from Oct. 1955 to Dec. 1958 and last saw ^{her} him alive on Dec. 17, 1958 Death occurred at 4:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Howard Carter M.D. | | 22b. ADDRESS Hamilton, Mo | |
| | | 22c. DATE SIGNED Dec. 22, 1958 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-22-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery | | 23d. LOCATION (City, town, or county) (State) Gallatin, Mo. | |
| 24. FUNERAL DIRECTOR L.O. Peterson ADDRESS Hope Funeral Home, Gallatin, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-29-58 | |
| | | 26. REGISTRAR'S SIGNATURE Ueque M Engelhart | |

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Carter Hamilton

JAN 4 1962

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 *L. O. Richerson*

Licensed Embalmer No. *3302*
P. O. Address *Ballantyne, N.C.*

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.