

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007044

STATE FILE NUMBER

2 1211

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

300
1-57
34
5.5
6.0
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~~FEB~~ FEB 17 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, MISSOURI		c. CITY OR TOWN STANTON	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N GRAND AVE		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 92 DAYS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH H DOOR			4. DATE OF DEATH Month Day Year FEBRUARY 3, 1959		
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5. SEX MALE <input type="checkbox"/>	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 6-10-95	9. AGE (In years past birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAVE GUIDE & MAINT.	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) UNION, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN DOOR	13b. MOTHER'S MAIDEN NAME ANNIE MILLER	14. NAME OF HUSBAND OR WIFE PRISCILLA DOOR
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown) (If yes, give year or dates of service) YES WW-I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VAH, 915 N GRAND BLVD., ST LOUIS, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA * SEVERE CARCINOMA OF ESOPHAGUS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 150x		INTERVAL BETWEEN ONSET AND DEATH
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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"/> AT 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
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21. Attended the deceased from 11-3-58 to 2-3-59 and last saw him alive on 2-3-59 Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE WERNER WAITE (Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 2/3/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-6-59	23c. NAME OF CEMETERY OR CREMATORY Stanton Cemetery	23d. LOCATION (City, town, or county) (State) Sullivan, Mo.
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24. FUNERAL DIRECTOR H. J. Galon	ADDRESS Sellewemy, Mo.	25. DATE RECD. BY LOCAL REG. FEB 3 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms with no stated. 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 *J. A. Humphrey*

Licensed Embalmer No. *4772*
P. O. Address *Sullivan, 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.