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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018329
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 178 Primary Registration District No. Registrar's No. 48

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

3. NAME OF DECEASED (Type or print) First EMERY Middle DOLEN Last DAY			4. DATE OF DEATH Month Day Year MAY 10, 1959		
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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 8/14/1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	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) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) LEWIS COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN W. DAY	13b. MOTHER'S MAIDEN NAME ELIZABETH SMITH	14. NAME OF HUSBAND OR WIFE MABEL BENNER DAY
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. I	16. SOCIAL SECURITY NO. 486-38-5732	17. INFORMANT MRS. DOLEN DAY	Address Monticello, Mo.
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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) _____ <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>
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) <i>4201</i>		

20a. ACCIDENT <input 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.)
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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. I attended the deceased from <i>2-14-57</i> to <i>10-24-58</i> and last saw her alive on <i>10-24-58</i> Death occurred at <i>6 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John Doherty M.D.</i> (Degree or title) <i>2</i>	22b. ADDRESS <i>Canon, Mo</i>	22c. DATE SIGNED <i>5-12-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>5/13/59</i>	23c. NAME OF CEMETERY OR CREMATORY MONTICELLO	23d. LOCATION (City, town, or county) (State) MONTICELLO, MISSOURI
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24. FUNERAL DIRECTOR <i>Charles L. Doherty</i> ADDRESS Lewistown, Mo.	25. DATE RECD. BY LOCAL REG. <i>5-13-59</i>	26. REGISTRAR'S SIGNATURE <i>P. W. Jennings, M.D.</i> <i>E.L.O.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 3 1958

JUN 4 1958

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 *Charles L. Crawford*

Licensed Embalmer No. 4667
P. O. Address Lewistown, 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.