

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-027923**

FILED VS AUG 5 1959 360

Registration District No. \_\_\_\_\_ Primary Registration District No. 6225 Registrar's No. 122

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>		Length of stay in 1b <b>1 yr. 4 days</b>		c. CITY OR TOWN <b>Bronaugh</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital # 3</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>none</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Sallie</b> Middle <b>U.</b> Last <b>Doores</b>				4. DATE OF DEATH Month <b>July</b> Day <b>28</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-21-1873</b>	9. AGE (last birthday) <b>86 years</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>7</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Allen Doores</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Ferguson</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Adm. papers, State Hospital # 3, Nevada, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Coronary Vessel Disease</b>						<b>Yrs.</b>	
DUE TO (b) <b>Atheromatous Sclerosis</b>						<b>Yrs.</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) <b>Chronic Brain Syndrome Associated With Disturbance of Metabolism, Growth or Nutrition with Senile Brain Disease with psychotic reaction</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
21. I attended the deceased from <b>July 24, 1958</b> to <b>July 27, 1959</b> and last saw her <b>live</b> on <b>July 27, 1959</b> Death occurred at <b>7:25 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>E. H. Pickens</i> (Degree or title)			22b. ADDRESS <b>State Hospital # 3, Nevada, Mo.</b>		22c. DATE SIGNED <b>7-28-59</b>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Worsley Cemetery</b>	23c. LOCATION (City, town, or county) <b>Bronaugh, Missouri</b>		23d. (State) <b>Missouri</b>		
24. FUNERAL DIRECTOR <b>Ferry Funeral Home, Nevada, Missouri</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-28-1959</b>	26. REGISTRAR'S SIGNATURE <i>Anna J. Jerry</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Douglas Long

Licensed Embalmer No. 4960

P. O. Address Memphis

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.