RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 20 1959

59–030059
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville — Length of stay in Ib: 16 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Dixon — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Etta Last: Doyel
4. DATE OF DEATH: Month: 8 Day: 13 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3/15/1889
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Maries County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Nelson
13b. MOTHER'S MAIDEN NAME: Margaret Copeland
14. NAME OF HUSBAND OR WIFE: Thomas O. Doyel
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.: None
17. INFORMANT: Mr. Thomas O. Doyel, Dixon, Missouri — Address

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-vascular-renal syndrome with malignant hypertension. — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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

BY AFFIDAVIT OF

21. I attended the deceased from October 1959, to Aug 13, 1959 and last saw her alive on Aug 13, 1959
Death occurred at 12:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Donley Gates (Degree or title) D.O.
22b. ADDRESS: Dixon, Mo.
22c. DATE SIGNED: 8/14/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/16/1959
23c. NAME OF CEMETERY OR CREMATORY: Kenner Cemetery
23d. LOCATION (City, town, or county) (State): Maries County, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Gilbert Funeral Home, Inc., Dixon, Missouri
25. DATE RECD. BY LOCAL REG.: 8-15-59
26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1959

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_____ Signed Maurice E. Schierbaum

Signature of Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.