URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-033749

FILED VS SEP 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8247

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
STATE MISSOURI COUNTY WASHINGTON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b

c. CITY OR TOWN IRONDALE MO. — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDINAL GLENNEN MEMORIAL HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Mark Middle: Allen Last: Doty

4. DATE OF DEATH Month: Sept. Day: 6 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH: 9/1/59

9. AGE (last birthday) — IF UNDER 1 YEAR Months Days 6 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): POTOSI MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Bobby Gene Doty

13b. MOTHER'S MAIDEN NAME: Barten

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ROSEL BARTON RT. 1 POTOSI, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

OK. Joseph M. Levin Dep. 9/6/59

IMMEDIATE CAUSE (a) Cardio-vascular collapse ("shock") — INTERVAL BETWEEN ONSET AND DEATH 4-5 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) peritonitis from perforated cecum — ?

DUE TO (c) Intestinal Obstruction from Imperforate anus.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 756.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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

21. I attended the deceased from 9-6-59 8AM to 9-6-59 and last saw her/him alive on 9-6-59

Death occurred at 1:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A. Nigh, M.D.

22b. ADDRESS: 1465 S. Grand, St. Louis, 4

22c. DATE SIGNED: 9-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 9-8-59

23c. NAME OF CEMETERY OR CREMATORY: ADAMS CEMETERY

23d. LOCATION (City, town, or county) (State): ST. FRANCIS CO. MO.

24. FUNERAL DIRECTOR — ADDRESS: OMAN JENKINS POTOSI MO.

25. DATE RECD. BY LOCAL REG.: 9-6-1959

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

670

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River Mo

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