URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-039420
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 329

MENDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If NOT in hospital, give location) Memorial Community — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cascanade
c. CITY OR TOWN Bland — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR #3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Infant Doyel
4. DATE OF DEATH Month Day Year: Nov. - 25 - 59
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-24-59
9. AGE (last birthday): —
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours 4 Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Doyel, Leroy
13b. MOTHER'S MAIDEN NAME: Tynes, Eliza Zelma
14. NAME OF HUSBAND OR WIFE: —
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.: —
17. INFORMANT Address: Leroy Doyel - Bland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Premature birth (21 weeks) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown cause
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 ☐ 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 11 40 pm 11/24/59 to 11/25/59 and last saw him alive on 11-25-59
Death occurred at 11/25/59 4 25 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W McHaney MD
22b. ADDRESS: Jefferson City Mo
22c. DATE SIGNED: 11/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11/26/59
23c. NAME OF CEMETERY OR CREMATORY: Liberty
23d. LOCATION (City, town, or county) (State): BELLE

24. FUNERAL DIRECTOR: Omer H Jones — ADDRESS: Belle, Mo.
25. DATE RECD. BY LOCAL REG.: 25 November 1959
26. REGISTRAR'S SIGNATURE: R. R. Darrid MD - N Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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 Owen L Jones

Licensed Embalmer No. 4411

P. O. Address Belle 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.