

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028262

FILED VS. JUL 22 1960

318

Primary Registration District No. **1003**

Registrar's No. **7179**

STATE FILE NUMBER

INDEXED

| | | | | | |
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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 5 weeks | c. CITY OR TOWN Hermann | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 226 W. 3rd. St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Ella Middle M. Last Doll | | | 4. DATE OF DEATH Month July Day 17 Year 1960 | | |
| 5. SEX Female | 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 3/8/1888 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Hermann, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S. |
| 13a. FATHER'S NAME Peter Emo | | 13b. MOTHER'S MAIDEN NAME Regina Jordan | | 14. NAME OF HUSBAND OR WIFE George Doll Jr. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT George Doll Jr., Hermann, 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) massive gastric hemorrhage gastritis | | INTERVAL BETWEEN ONSET/AND DEATH 1 hr |
| DUE TO (b) gastritis | | |
| DUE TO (c) generalized arteriosclerosis generalized arteriosclerosis 450.D | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) R femoral A. embolus -> R femoral amputation Coronary L 250 -> L AK amputation | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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 7:00 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 Hermann | COUNTY Gasconade | STATE Missouri |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|--------------------------|

21. I attended the deceased from **6-14-60** to **7-17-60** and last saw her/him alive on **7-17-60 AM**
Death occurred at **8:04 PM 7-18-60** on the date stated above, and to the best of my knowledge, from the causes stated.

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|------------------------------------------|----------------------------------|------------------------------------|------------------------------------|
| 22a. SIGNATURE D.A. Bindbeutel | (Degree or title) M.D. | 22b. ADDRESS 3915 Watson | 22c. DATE SIGNED 7-18-60 |
|------------------------------------------|----------------------------------|------------------------------------|------------------------------------|

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|--------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|--------------------------------------------------------------|
| 23a. BURIAL (CREMATORY, REMOVAL) (Specify) Removal | 23b. DATE 7-20-60 | 23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery | 23d. LOCATION (City, town, or county) Hermann, Mo. |
|--------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|--------------------------------------------------------------|

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| 24. FUNERAL DIRECTOR Hugo H. Blumer, Hermann, Mo. | 25. DATE RECD. BY LOCAL REG. JUL 18 1960 | 26. REGISTRAR'S SIGNATURE Loard Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2183

JUL 25 1960

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

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis

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.