SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-018136
STATE FILE NUMBER

AMENDED

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 72

FILED MAY 18 1961

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pierce City
Length of stay in 1b: 3 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 505 Elm
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Lawrence
c. CITY OR TOWN Pierce City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 505 Elm
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Patrick Middle: Henry Last: Dooley

4. DATE OF DEATH Month: May Day: 4 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/10/1889
9. AGE (last birthday): 72
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): Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): New York, New York
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Patrick Dooley
13b. MOTHER'S MAIDEN NAME: Statia Lannon
14. NAME OF HUSBAND OR WIFE: Marcell Dooley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1

17. INFORMANT: Mrs. Marcell Dooley Address: Pierce City, Mo.

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: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
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 May 4/61 to and last saw ~~her~~ him alive on May 3/61
Death occurred at 3:45 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles L Moore (Degree or title) DO.
22b. ADDRESS Pierce City Mo
22c. DATE SIGNED 5/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 6, 1961
23c. NAME OF CEMETERY OR CREMATORY St. Patricks
23d. LOCATION (City, town, or county) Pierce City, Missouri (State)

24. FUNERAL DIRECTOR Wm. J. Wessell ADDRESS Pierce City, Mo.
25. DATE RECD. BY LOCAL REG. 5-8-61
26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

JUN 14 1961

MAY 18 1961

STATEMENT BY LICENSED EMBALMER

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

or by one _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed R. Gordon Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Prospect, Md

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.