MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007130
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 35

FILED FEB 20 1962

1. PLACE OF DEATH
a. COUNTY: LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CHILLICOTHE — Length of stay in 1b: 3 WKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CHILLICOTHE HOSP — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: HUBERT Middle: LEON Last: DOOLIN
4. DATE OF DEATH: Month 2 Day 9 Year 62
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-5-84
9. AGE (last birthday): 77 — 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): DENTIST
10b. KIND OF BUSINESS OR INDUSTRY: SERVICE PROFESSIONAL
11. BIRTHPLACE (City and state or country): LINN Co, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: THOMAS DOOLIN
13b. MOTHER'S MAIDEN NAME: AMELIA LIGHTNER
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: STELLA DOOLIN Address: MEADVILLE, 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): Cancer of colon.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis of Aorta
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 1-17-62, to 2-9-62 and last saw her/him alive on 2-8-62
Death occurred at 2 35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph F. Gale (Degree or title) M.D.
22b. ADDRESS: Chillicothe, Mo.
22c. DATE SIGNED: 2-15-62.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-11-62
23c. NAME OF CEMETERY OR CREMATORY: MEADVILLE CEMETERY
23d. LOCATION (City, town, or county) (State): MEADVILLE, MISSOURI

24. FUNERAL DIRECTOR: WRIGHTS ADDRESS: MEADVILLE, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 11, 1962
26. REGISTRAR'S SIGNATURE: Amalie Taylor

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W R Wright

Licensed Embalmer No. 4655

P. O. Address Meadville, Mo.

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.