

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026537

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND CARE

Registration District No. 298 Primary Registration District No. _____ Registrar's No. 106

DO NOT WRITE ON THIS STUB

FILED JUL 24 1962

VS 300
Rev. 4/59

1	0310
2	0310
3	1
4	0
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6	
7	0
8	2
9	X
10	
11	031
12	91-0
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sheridan Twp.		Length of stay in 1b		c. CITY OR TOWN Gallatin, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. N.W. Hamilton			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Sheridan Twp.
3. NAME OF DECEASED (Type or print) First Herman Middle Doll Last Doll			4. DATE OF DEATH Month July Day 13 Year 1962		
5. SEX Male	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 5/10/09	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Daviess C. Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME D.E. Doll		13b. MOTHER'S MAIDEN NAME Fannie Roberts	
14. NAME OF HUSBAND OR WIFE Olive Doll		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 2		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Leta Carson		Address Hamilton, 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) Fracture cervical spine DUE TO (b) Car wreck 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Car into ditch road cc 5 mi North Hamilton	
20c. TIME OF INJURY Hour 11:45 a.m. / p.m. Month, Day, Year 7/13/62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural road.	
20f. CITY, TOWN, OR LOCATION Daviess		COUNTY Mo		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Hester M.D.			22b. ADDRESS Hamilton, Mo.		22c. DATE SIGNED July 14, 1962
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 7/15/1962		23c. NAME OF CEMETERY OR CREMATORY Altamont Cemetery	
23d. LOCATION (City, town, or county) Altamont, Mo.		24. FUNERAL DIRECTOR Morris Bram		25. DATE RECD. BY LOCAL REG. 18 July 1962	
26. REGISTRAR'S SIGNATURE Virgim Engelbert					

USE BLACK INK OR TYPEWRITER RIBBON

SEP 27 1962

NOV 8 1962

JAN 22 1963

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 Morris A. Bram

Licensed Embalmer No. 3918
P. O. Address Hamilton, 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.