

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033947

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 389 Primary Registration District No. 5773 Registrar's No. 10

FILED OCT 2 1962

VS 300  
Rev. 4/59

10140  
20140

3  
4 0  
5 1  
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8 1  
9 9198  
10 43  
11 614  
12 90-3  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holts Summit</u>		c. CITY OR TOWN <u>Holts Summit</u>	
Length of stay in 1b <u>✓</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles East Holts Summit</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Michael Dooling</u>			4. DATE OF DEATH Month Day Year <u>Sept 19 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/2/1936</u>
9. AGE (last birthday) <u>25</u>		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) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Central Hatchery</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Dooling Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Adestie LaFaver</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Jennette Dooling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs. Jeanette Dooling</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Exsanguination + Shock</u>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <u>Perforation of left external iliac artery</u>			
DUE TO (c) <u>Gunshot</u>			
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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9 0</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Denzil C. Browning, coroner</u>		22b. ADDRESS <u>Fulton, Mo.</u>	
22c. DATE SIGNED <u>20 Sept 62</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 22, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Longview Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Freeman Service - Jefferson City</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 20-62</u>	26. REGISTRAR'S SIGNATURE <u>LeRoy Clayton</u>

OCT 2 1962

MS FEB 26 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 *A. H. Mann*

Licensed Embalmer No. 4996

P. O. Address Fulton, 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.