

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

134-62-039565
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 134

FILED NOV 5 1962

VS 300
Rev. 4/59

10735
8280

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Rural- Girard	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp.		d. STREET ADDRESS (If outside, give location) R.F.D. # 3	
3. NAME OF DECEASED (Type or print) First Middle Last Myrtle Josephine Dohle			4. DATE OF DEATH Month Day Year Oct. 30, 1962
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 4/27/'30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 32
13a. FATHER'S NAME Raymond Hartman		14. NAME OF HUSBAND OR WIFE Charley Dohle	
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 Raymond Hartman, Girard Kan, R3		12. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fractures, internal injuries			INTERVAL BETWEEN ONSET AND DEATH n 55 Min.
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.) 2 car auto collision	
20c. TIME OF INJURY Hour Month, Day, Year 6:45 a.m. 10-30-62		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.) on U.S. Hwy. 60, 6 miles east of Seneca, Newton, Missouri		20f. CITY, TOWN, OR LOCATION COUNTY STATE did not attend	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 7:40 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>James L. Hadcock</i> Coroner Newton Co., Mo.		22b. ADDRESS 118 W. Main, Neosho, Mo.	
22c. DATE SIGNED 10-30-62		23. LOCATION (City, town, or county) (State) Mulberry Kansas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-31-1962	23c. NAME OF CEMETERY OR CREMATORY Mulberry Kansas	23d. LOCATION (City, town, or county) (State) Mulberry Kansas
24. FUNERAL DIRECTOR ADDRESS Thompson Funeral Home, Neosho Mo.		25. DATE RECD. BY LOCAL REG. 10-31-62	
26. REGISTRAR'S SIGNATURE <i>Pydrene Zelka</i>			

NOV 8 1962

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 Carley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neesho Missouri

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.