

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041668  
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1353

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 10 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph,</u> Length of stay in lb <u>Lifetime</u>   |   | c. CITY OR TOWN <u>St. Joseph,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2717 Seneca Street</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location) <u>2717 Seneca Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print) First <u>ELIZABETH</u> Middle <u>DOPPLER</u> Last <u>DOPPLER</u>  |   |  | 4. DATE OF DEATH Month <u>November</u> Day <u>24</u> Year <u>1962</u>   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <u>Aug. 3, 1872</u>  |
| 9. AGE (last birthday) <u>90</u>  |   | IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>  | IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>  | 11. BIRTHPLACE (City and state or country) <u>Saxton, Missouri</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   | 13a. FATHER'S NAME <u>George Patton</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>Emaline Fletcher</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>George Doppler</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>  |   | 16. SOCIAL SECURITY NO. <u>None</u>  |   |
| 17. INFORMANT <u>Daughter</u> Address <u>Mrs. Mary Courter-St. Joseph, Missouri</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>Broncho pneumonia</u>  |   | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>   |   |
| DUE TO (b) <u>Congestive heart failure</u>  |   | <u>10 days</u>   |   |
| DUE TO (c) <u>  </u>  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Periculous anemia</u>                              |   |  | 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 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 <u>  </u> Month, Day, Year <u>  </u>   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>6-15-47</u> to <u>11-24-62</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>11-24-62</u>  |   |  |   |
| Death occurred at <u>7:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |
| 22a. SIGNATURE <u>C.S. Grant M.D.</u> (Degree or title)   |   | 22b. ADDRESS <u>St. Joseph, Mo.</u>  | 22c. DATE SIGNED <u>12.4.62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>Nov. 27, 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>   |
| 24. FUNERAL DIRECTOR <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG. <u>Dec. 6, 1962</u>   | 26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Handell</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 11/26/62

**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 Raymond A. Hoover

Licensed Embalmer No. 5147

P. O. Address St. Joseph, 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.