

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047668

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 445

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
0648
20590
3
4 0
5 2
6
7 0
8 1
9331X
10
11
12-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 4 1963

1. PLACE OF DEATH
a. COUNTY **Marion**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Livingston**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Hannibal** Length of stay in lb **8 days**

c. CITY OR TOWN **Wheeling** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Elizabeth Hospital** Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Joseph** Middle **Doty** Last **Doty**

4. DATE OF DEATH Month **Dec.** Day **26** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **8-12-91** 9. AGE (last birthday) **71** 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) **Carpenter** 10b. KIND OF BUSINESS OR INDUSTRY **Retired** 11. BIRTHPLACE (City and state or country) **Grundy Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Frank Doty** 13b. MOTHER'S MAIDEN NAME **Amenda Smith** 14. NAME OF HUSBAND OR WIFE **Lelia Doty**

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 Address **Mrs Mary Sellars Palmyra, 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) **Cerebral hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **1 week**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. 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 _____ Month, Day, Year _____ a.m. p.m.

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 12/18/62 to 12/26/62 and last saw her alive on 12/25/62
Death occurred at 8 a.m. 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *J. J. Sell* (Degree or title) **Palmyra Mo** 22c. DATE SIGNED **12/26/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12-29-62** 23c. NAME OF CEMETERY OR CREMATORY **Wheeling Cemetery** 23d. LOCATION (City, town, or county) (State) **Wheeling, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Lewis Bros. Palmyra, Mo.** 25. DATE RECD. BY LOCAL REG. **Dec. 29, 1962** 26. REGISTRAR'S SIGNATURE *Dr. E. M. Rucke by Lillian M. Herman*

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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.

Permit renewed 12/28/62