

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047741

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 40

<b>FILED JAN 7 1963</b>			
1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONROE CITY</b>		Length of stay in 1b <b>3 YEARS</b>	c. CITY OR TOWN <b>MONROE CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>313 PARK PLACE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>313 PARK PLACE</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES OWEN DOOLEY</b>			4. DATE OF DEATH Month Day Year <b>DECEMBER 28, 1962</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 18, 1890</b>
9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SECTION FORMAN (RET)</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MONROE COUNTY, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>LUTHER FOWLER DOOLEY</b>	
13b. MOTHER'S MAIDEN NAME <b>LAURA ELLEN SEAL</b>		14. NAME OF HUSBAND OR WIFE <b>MARY CORDELIA DOOLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Alvin Dooley Monroe City Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 - HRS.</b>
DUO TO (b) <b>ARTERIO SCLEROSIS</b>			YEARS.
DUO TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHRONIC HYPERTROPHIC EMPHYSEMA</b>			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 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 Month, Day, Year a.m. p.m.			
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 <b>MAR. 25-1961</b> to <b>DEC. 28, 1962</b> and last saw him alive on <b>DEC. 28-1962</b> . Death occurred at <b>6:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Harold F. Ellis, D.O.</b>		22b. ADDRESS <b>Monroe City, Mo.</b>	22c. DATE SIGNED <b>12-29-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>DECEMBER 31, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>PARIS, MISSOURI</b>
24. FUNERAL DIRECTOR <b>Wilson &amp; Sons</b>		ADDRESS <b>Monroe City Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 29-1962</b>
		26. REGISTRAR'S SIGNATURE <b>Elsie Miller</b>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1963

STATE OF MISSISSIPPI

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 Me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leslie L. Wiley \_\_\_\_\_

Licensed Embalmer No. 3014

P. O. Address Monroe City, La

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.