

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010741

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 163

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6168
8168

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED MAR 22 1963	
1. PLACE OF DEATH a. COUNTY Cape Girardeau	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau	Length of stay in 1b 16 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 801 N Wend Blvd	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Thomas Oscar Doughty	
4. DATE OF DEATH Month Day Year Mar 18 1963	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-1946
9. AGE (last birthday) 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Cape Girardeau Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Thomas Doughty Sr.	
13b. MOTHER'S MAIDEN NAME Ruby Graden	
14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no no	
16. SOCIAL SECURITY NO.	
17. INFORMANT Address Thomas Doughty Sr. Cape Gir Mo	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe Mega colon	
DUE TO (c) Congenital Mega colon	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental Retardation	
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 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 _____ to 3/17/63 and last saw him ^{xx} alive on 3/17/63 Death occurred at 12:59 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) C.P. McGinty, M.D.	
22b. ADDRESS 1912 Broadway Cape Girardeau, Mo.	
22c. DATE SIGNED 3/18/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3-19-1963	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
24. FUNERAL DIRECTOR Brinkopi Howell Cape Gir Mo.	
25. DATE RECD. BY LOCAL REG. 3-20-1963	
26. REGISTRAR'S SIGNATURE James Kasten	

USE BLACK INK
OR
TYPEWRITER RIBBON

MS-Handy

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 Neil H. Schneider

Licensed Embalmer No. 4991

P. O. Address Cape Girardeau 1730.

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.

TAKEN TO DOCTOR 3-18-63