

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-019847**

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5512 Registrar's No. 170

**FILED JUN 3 1963**

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Honeycreek Twp</u>		c. CITY OR TOWN <u>Kansas City Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 6 &amp; Highway # 7</u>		d. STREET ADDRESS (If outside, give location) <u>3713 Central</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL L DOOLITTLE</u>		4. DATE OF DEATH Month Day Year <u>May 30 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Senior Station Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	
11a. BIRTHPLACE (City and state or country) <u>Mississippi</u>		11b. CITIZEN OF WHAT COUNTRY <u>U S I</u>	
13a. FATHER'S NAME <u>Sam L Doolittle</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Frank</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>412-09-1777</u>	
17. INFORMANT <u>R.E. Nichols</u>		Address <u>Kansas City Mo.</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>Compound Skull Fracture</u> 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) <u>Crushing Injury Rt. chest.</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 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.) <u>Auto accident. Thrown from car</u>			
20c. TIME OF INJURY Hour <u>4:30</u> p.m. Month, Day, Year <u>5-30-63</u>		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.) <u>Highway 7 &amp; 0 Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Honey Creek Twp.</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>unattended</u> , to <u>unattended</u> , and last saw her alive on _____ Death occurred at <u>4:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard N. King M.D.</u>		22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>	
22c. DATE SIGNED <u>5-31-63</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
22e. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>		22f. FUNERAL DIRECTOR <u>F.L. SCHABER</u>	
22g. ADDRESS <u>Clinton Mo</u>		22h. DATE RECD. BY LOCAL REG. <u>6-1-63</u>	
22i. REGISTRAR'S SIGNATURE <u>Mildred Biguna</u>		22j. DATE SIGNED <u>5-31-63</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

91-2010-007

1961 9 NOV

2251 S. WOL OBLIS

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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 was not embalmed here Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed

F L Schabert

Licensed Embalmer No.

4513

P. O. Address

Clinton 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 Obtained 5-31-63

(M.B.)