

1952 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41377**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **589**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Rural-White Oak</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles South and West of Urich, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERTHA</b> b. (Middle) <b>FLORENCE</b> c. (Last) <b>DOLL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 23 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 29 1887</b>
9. AGE (In years last birthday) <b>64</b>	10. MONTHS <b>1</b>	11. DAYS <b>24</b>	12. HOURS <b>-</b> MIN. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Henry Co., Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Mark Bunch</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Ridge</b>	14. NAME OF HUSBAND OR WIFE <b>Walter Doll</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Walter Doll</b> ADDRESS <b>Urich, Missouri</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARBOLIC ACID POISONING</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 HR.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) <u>E9718</u></b> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTHRITIS</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>AT HOME</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>HENRY, MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>DEC. 23 1951 11 A.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>SELF ADMINISTERED</b>	
22. I hereby certify that I attended the deceased from <b>Aug</b> , 1949, to <b>Dec</b> , 1951, that I last saw the deceased alive on <b>Dec. 23</b> , 1951, and that death occurred at <b>9 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD (Col)</b>		23b. ADDRESS <b>Clinton, Mo</b>	23c. DATE SIGNED <b>24 Dec. 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 26, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mullins Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Henry Co., Missouri</b>
DATE REC'D BY LOCAL REG. <b>Dec-26-51</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b>	422	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred Wilkerson</b> ADDRESS <b>Clinton</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 12-31-51

**DISTRICT HEALTH OFFICE No. 8**

District File Number \_\_\_\_\_

Date Filed 1-2-52 \_\_\_\_\_

**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 .....  
Student Embalmer

Signed Fred Wilkerson

Licensed Embalmer No. 3478

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 this body is not embalmed, fact should be so stated above.