

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1211  
4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Clinton MO</u>	c. LENGTH OF STAY (in this place) <u>65 mo</u>	c. CITY OR TOWN <u>Rural</u> <u>1420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile West of Deepwater mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>THOMAS.</u> c. (Last) <u>Doss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	8. DATE OF BIRTH <u>Jan 31 1875</u>
9. AGE (In years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY <u>mining</u>	11. BIRTHPLACE (State or foreign country) <u>St Charles MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mining &amp; mining</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Doss</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Harrison</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy Francis Doss</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>H-95-16-4433-B</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth J Rhine</u> ADDRESS <u>Greenwich Conn</u>	
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) <u>Injured abdominal viscera</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9030 20</u>	
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Deepwater Henry MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan-17-1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell over table</u>	
22. I hereby certify that I attended the deceased from <u>Jan 19, 1953</u> to <u>January 22, 1953</u> , that I last saw the deceased alive on <u>January 22, 1953</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James O. Smith MO</u> (Type or Print)		23b. ADDRESS <u>Clinton, Missouri</u>	
23c. DATE SIGNED <u>Jan-27-53</u>		24. LOCATION (City, town, or county) (State) <u>Clinton MO</u>	
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Brownington MO</u>
DATE REC'D BY LOCAL REG. <u>Jan-26-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Dungey</u> ADDRESS <u>218 1/2 S. Clinton MO</u>	

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

4220

**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 \_\_\_\_\_

*Robert L. Dunning*

Licensed Embalmer No. 4210

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.