

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23498

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 226

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>Henry</u>	a. STATE	<u>Missouri</u> b. COUNTY <u>Henry</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>Windsor Windsor Twp.</u>	c. CITY OR TOWN	<u>Calhoun</u> ²⁰
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	<u>Lakeview Rest Home</u>	d. STREET ADDRESS	<u>none</u> (If outside, give location)
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<u>11 months</u>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>Robert</u> Middle <u>Doss</u> Last <u>Doss</u>			Month <u>July</u> Day <u>17</u> Year <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>November 24, 1873</u>	<u>82</u>	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
<u>Logging Camps in West</u>				<u>Kan Crawford County</u>	<u>U.S. A.</u>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
<u>James Doss</u>			<u>Joann Shotwell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		
<u>no</u>		<u>none</u>		<u>Mrs. Ethel Conrad Calhoun Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		<u>16 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	<u>3-4 yrs.</u>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		19. WAS AUTOPSY PERFORMED?
		<u>4200</u> 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			20f. CITY, TOWN, OR LOCATION			
Hour <u>10</u> Month <u>7</u> Day <u>17</u> Year <u>1956</u> a. m. <u>00</u> p. m.			COUNTY <u>Henry</u> STATE <u>Mo</u>			
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		

21. I attended the deceased from <u>5-15-56</u> to <u>7-17-56</u> and last saw <u>her</u> alive on <u>7-16-56</u>		
Death occurred at <u>10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE	22b. ADDRESS	22c. DATE SIGNED
<u>Clude M. Shurber M.D.</u>	<u>Windsor, Mo.</u>	<u>7-17-56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>7/19/56</u>	<u>Maplewood Cem.</u>	<u>Brownington</u>	<u>Mo</u>
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
<u>Nickman & Dunning Clinton Mo</u>		<u>7-19-56</u>	<u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert S. Dunning

Licensed Embalmer No.....

P. O. Address *Clinton*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.