

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

59-002028
State File No.

FILED FEB 2 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 8040 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Livingston b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe c. LENGTH OF STAY (in this place) 2 days d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Livingston c. CITY OR TOWN Chillicothe 6592 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) 720 Vine St.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) BAILEY c. (Last) DOOLIN		4. DATE OF DEATH (Month) (Day) (Year) January 24, 1959					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1872	9. AGE (In years, months, days, hours, minutes) 86	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		
10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Humphreys, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William H. Doolin		13b. MOTHER'S MAIDEN NAME Sarah M Johnson		14. NAME OF HUSBAND OR WIFE Flo Foster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Flo Doolin; Chillicothe, Missouri			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Tubercular Pneumonia</i></u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u><i>4-5 days</i></u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u><i>Arteriosclerosis</i></u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 490X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 12, 1959, to Jan 24, 1959, that I last saw the deceased alive on Jan 24, 1959, and that death occurred at 8:15p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u><i>Joseph F. Gale M.D.</i></u>			23b. ADDRESS <u><i>Chillicothe Mo.</i></u>		23c. DATE SIGNED <u><i>1-26-59</i></u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE 1-28-59		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery			
24d. LOCATION (City, town, or county) (State) Linneus, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.					
DATE REC'D BY LOCAL REG. 1/26/59		REGISTRAR'S SIGNATURE <u><i>Frances B. Neill</i></u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Elton H. Newman*.....

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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.