

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039783**

**FILED VS NOV 16 1959**

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 277

MEMORANDUM

1. PLACE OF DEATH a. COUNTY <u>Henry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton MO</u>		Length of stay in 1b <u>5 weeks</u>	c. CITY OR TOWN <u>Near Urich</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <u>Clinton General Hospital</u> INSTITUTION <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>-</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> - Middle <u>EDWARD</u> - Last <u>DOLL</u>			4. DATE OF DEATH Month <u>11</u> - Day <u>8</u> - Year <u>1959</u>		
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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>10.12.1878</u>	9. AGE (last birthday) <u>81 yr</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>	11. BIRTHPLACE (City and state or country) <u>Lucas Mo. Henry U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Leonard Doll</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Jenette</u>	14. NAME OF HUSBAND OR WIFE <u>Gda Doll</u>
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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. <u>497-42-5143</u>	17. INFORMANT <u>Edward L Doll</u>	Address <u>-</u>
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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>Carcinoma prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</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)	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
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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 <u>Clinton, MO</u>	COUNTY <u>Henry</u>	STATE <u>MO</u>
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21. I attended the deceased from 1950 to 11-8-59 and last saw <sup>him</sup> alive on 11-8-59  
Death occurred at 6:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>	22b. ADDRESS <u>Clinton, MO.</u>	22c. DATE SIGNED <u>11-9-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mullins</u>	23d. LOCATION (City, town, or county) (State) <u>5 1/2 mi Southwest Urich MO</u>
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24. FUNERAL DIRECTOR <u>Bruce Graham Urich Mo</u>	ADDRESS <u>Urich Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 10, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Waldred Bigum</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 R. R. Kenney

Licensed Embalmer No. 3089

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.