

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008513

STATE FILE NUMBER

Registration District No. 177 Primary Registration District No. 3023 Registrar's No. 58

**FILED MAR 20 1961**

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

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <b>Adam</b>	Middle <b>Ellis</b>	Last <b>Doan</b>	Month <b>3</b>	Day <b>14</b>	Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-20-1895</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>	11. BIRTHPLACE (City and state or country) <b>Henry Co Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Francis M Doan</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa M Cline</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha L Doan</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-16-9952</b>	17. INFORMANT <b>Bertha L Doan Brownington Mo</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute Myocardial Insufficiency</b>		<b>minutes</b>
DUE TO (b) <b>Coronary Occlusion</b>		<b>minutes</b>
DUE TO (c) <b>Chronic Arteriosclerotic Heart Disease</b>		<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Severe Bronchial Pneumonia</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown

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.)
20c. TIME OF INJURY Hour: <b>8:55 a.m.</b> Month, Day, Year: <b>3-10-61</b>	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 <b>Clinton</b>		COUNTY <b>Mo</b>

21. I attended the deceased from **3-10-61** to **3-14-61** and last saw her/him alive on **3-14-61**.  
Death occurred at **8:55 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Clinton L. Glessy DO</b>		22b. ADDRESS <b>Clinton Mo.</b>	22c. DATE SIGNED <b>3-15-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-16-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>
24. FUNERAL DIRECTOR <b>Sickman &amp; Dunning Clinton MO</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 16, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Waldred Biggers</b>

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

APR 27 1961

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

*Robert L. Dunning*

Licensed Embalmer No. 4910

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.