

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0026873

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 334 Primary Registration District No. 6128 Registrar's No. 319

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1/010

2/010

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED JUL 8 1966						
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>						
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence</u> Length of stay in 1b						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Eminence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. STREET ADDRESS (If outside, give location) <u>Eminence</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year <u>Nancy Emiline Dooley</u> <u>June 21 1966</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>2/15/07</u>	9. AGE (last Birthday) <u>59</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Coroden, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Will Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Adline Hendrick</u>		14. NAME OF HUSBAND OR WIFE <u>George Dooley</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>None</u>		17. INFORMANT <u>Cecil Dooley Augusta, Mo.</u> Address		
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) <u>Massive Hemorrhage</u>						<u>15 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ruptured esophageal varices</u>						<u>15 min.</u>
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
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 a.m. p.m. Month, Day, Year						
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		COUNTY STATE
21. I attended the deceased. <u>Post mortem on June 21-1966</u>		Death occurred at <u>9:30</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Name or title) <u>Denton Wilson, R.O. - Coroner</u>		22b. ADDRESS <u>Eminence, Mo.</u>		22c. DATE SIGNED <u>7-1-66</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/24/66</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shannondale Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-9-1966</u>		26. REGISTRAR'S SIGNATURE <u>Walter J. [Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 26 1966

Bones Remains

12 min
12 min

*Alfred H. ...
... Department ...*

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 Jerry Hiss Carson
Licensed Embalmer No. 5358

P.O. Address 77th View, W.O.

... information to ...

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.

3-1-7

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