

FILED JUN 20 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0024000

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 237

DECEASED—NAME FIRST MIDDLE LAST <u>MABLE MARTIN DOOLEY</u>		SEX <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>6-15-1968</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <u>77</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>Dec 2 1890</u>	COUNTY OF DEATH <u>Cole</u>
CITY, TOWN, OR LOCATION OF DEATH <u>Jetterson City</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Memorial Hospital</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>COOPER COUNTY, U.S.A.</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>R.M. Dooley</u>
SOCIAL SECURITY NUMBER <u>520-30-6527A</u>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>Housewife</u>	KIND OF BUSINESS OR INDUSTRY	
RESIDENCE—STATE <u>MISSOURI</u>	COUNTY <u>MONITEAU</u>	CITY, TOWN, OR LOCATION <u>California</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>
FATHER—NAME FIRST MIDDLE LAST <u>STEPHEN MARTIN</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>ANN Wilson</u>	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

INFORMANT—NAME <u>R.M. DOOLEY</u>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>CALIFORNIA MO</u>	
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CAUSE

PART I. DEATH WAS CAUSED BY: (a) <u>CORONARY OCCLUSION</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>CORONARY SCLEROSIS</u> DUE TO, OR AS A CONSEQUENCE OF: (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>10-12 hrs</u> <u>10-12 years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	AUTOPSY (YES OR NO) <u>No</u>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <u>No</u>
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ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>20a.</u>	DATE OF INJURY (MONTH, DAY, YEAR) <u>20b.</u>	HOUR <u>20c.</u>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>20d.</u>
INJURY AT WORK (SPECIFY YES OR NO) <u>20e.</u>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>20f.</u>	LOCATION <u>20g.</u>	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>6-12-68</u> TO <u>6-15-68</u>	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <u>6 15 68</u>	I DID/DID NOT VIEW THE BODY AFTER DEATH. <u>21d.</u>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <u>21e. 2:00 AM</u>
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CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. <u>22a.</u>	HOUR OF DEATH <u>22b.</u>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR <u>22c.</u>
CERTIFIER—NAME (TYPE OR PRINT) <u>Lionel Gallagher</u>	SIGNATURE <u>Lionel Gallagher</u>	DATE SIGNED (MONTH, DAY, YEAR) <u>6-16-68</u>
MAILING ADDRESS—CERTIFIER <u>California, MO.</u>	STREET OR R.F.D. NO. <u>23b.</u>	CITY OR TOWN <u>23c.</u>

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24a. Burial</u>	CEMETERY OR CREMATORY—NAME <u>24b. Masonic Cemetery</u>	LOCATION <u>24c. California MO</u>
DATE <u>6-17-1968</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>24d. Williams Funeral Home California MO</u>	
FUNERAL DIRECTOR—SIGNATURE <u>Hugh E. Williams</u>	REGISTRAR—SIGNATURE <u>Norma Miller</u>	DATE RECEIVED BY LOCAL REGISTRAR <u>6-18-68</u>

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

19-2-6

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.