

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36585

State File No.

FILED OCT 21 1953

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Tipton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u> <u>2680</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>E. Cooper St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>William</u> c. (Last) <u>DOERNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Dec. 10, 1875</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Days <u>10</u> IF UNDER 2 HRS. Hour <u>4</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>10 mi. N.E. Tipton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Doerner</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Hines</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Dick Doerner</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joe J. HARTMAN</u> ADDRESS <u>Tipton, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						<u>20 min.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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)	
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 8-26, 1949, to Oct. 14, 1953, that I last saw the deceased alive on Oct. 14, 1953, and that death occurred at 8:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. F. Schubert M.D.</u>		23b. ADDRESS <u>Tipton, Mo.</u>		23c. DATE SIGNED <u>10-15-53</u>	
--	--	---------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCTOBER 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Andrews Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo.</u>	
---	--	-----------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 17-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rickard D. Conn-Conn</u>		ADDRESS <u>General Home-</u>	
--	--	--	--	--	--	------------------------------	--

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
Student Embalmer

Signed Richard D. Connor.....

Licensed Embalmer No. 4703.....

P. O. Address Jupiter, Fla......

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 this body is not embalmed, fact should be so stated above.