

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

27986

State File No. ....

FILED SEP 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Egypt 0171</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. N. of Harborage, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>DOUGLAS</u> c. (Last) <u>DOOLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 10, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>SEPT. 5, 1952</u>			9. AGE (In years last birthday) <u>1</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>

13a. FATHER'S NAME <u>KENNETH DOOLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELVIRA BORCHERDING</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>August Borcharding</u> ADDRESS <u>Hardin, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion + intra-cranial hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Runover by pickup truck</u>			

19a. DATE OF OPERATION <u>10 Sept</u>		19b. MAJOR FINDINGS OF OPERATION <u>Deep intra-cranial hemorrhage 25</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Norborne Carroll Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Runover by pickup truck</u>	

22. I hereby certify that I attended the deceased from 9 Sept, 1953, to 10 Sept, 1953, that I last saw the deceased alive on 10 Sept, 1953, and that death occurred at 1025 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Erw Allen M.D.</u>		23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>10 Sept 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hardin</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hardin Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9/10/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Wandert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Impichild &amp; Borcharding Hardin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48  
171  
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

*August Roseherding*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, 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 this body is not embalmed, fact should be so stated above.