

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7242

BIRTH NO. _____		REG. DIST. NO. 379		PRIMARY REG. DIST. NO. 6287		Registrar's No. F	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WRIGHT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIASANTVALLEY TWP. RURAL</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIASANTVALLEY TWP. RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles N.W. of Mansfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I</u>				3. NAME OF DECEASED a. (First) <u>MELVIN</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>DOUGLAS</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23-1949</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>April 7-1881</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOMFARM</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George W. Douglas</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha Dick</u>		14. NAME OF HUSBAND OR WIFE <u>ELMIRA KISER DOUGLAS</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>500-103455</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmira Kiser Douglas</u> ADDRESS <u>MANSFIELD MO.</u>			
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>Tuberculosis of Lung</u> INTERCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>NO</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NO</u>				INTERVAL BETWEEN ONSET AND DEATH <u>two years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>-</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)		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 <u>Several years</u> , to <u>Jan 23, 1949</u> , that I last saw the deceased alive on <u>Jan 19, 1949</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Fuson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Mansfield Mo.</u>		23c. DATE SIGNED <u>1-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MANSFIELD CEMETRY</u>		24d. LOCATION (City, town, or county) (State) <u>MANSFIELD MO.</u>	
DATE RECD' BY LOCAL REG. <u>1-26-49</u>		REGISTRAR'S SIGNATURE <u>Keith Stout</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Steffe</u> ADDRESS <u>MANSFIELD MO.</u>			

349-265

3-5-49

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.

Signed \_\_\_\_\_

*F.A. Steffe*

Signed.....

Student Embalmer

Licensed Embalmer No. 3221

P. O. Address \_\_\_\_\_

*Mansfield 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.