

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13002

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BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4786 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange, Mo</u>		c. LENGTH OF STAY (in this place) <u>55</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaGrange</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Douglas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 24, 1893</u>
9. AGE (In years last birthday) <u>55</u> Months <u>3</u> Days <u>17</u> Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LaBorer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert Douglas</u>	
13b. MOTHER'S MAIDEN NAME <u>Katie Emerson</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Douglas</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Douglas</u>		ADDRESS <u>LaGrange, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</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>MI-7X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____ m. _____		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>3/13</u> , 19 <u>46</u> , to <u>4/11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/11</u> , 19 <u>49</u> , and that death occurred at <u>5:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. E. Kelley MD</u> (Degree or title) <u></u>		23b. ADDRESS <u>LaGrange Mo</u>	
23c. DATE SIGNED <u>4/12/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>APRIL 13 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaGrange, Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR. 15 1949</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u> 161	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paula G. Vaughan</u>		ADDRESS <u>LaGrange, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 27 1949

RECEIVED

District Health Officer No. 1

District File Number H. H. 9. 7

Date Filed APR 25 1949

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 Paul A. Laughlin

Licensed Embalmer No. 4569

P. O. Address Laurens, 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.