

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **65743-49** REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4267** Registrar's No. **18**

1. PLACE OF DEATH a. CITY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	c. LENGTH OF STAY (In this place) 11	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dr. Martin Hosp. rooms		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Franklin b. (Middle) Johnson c. (Last) Douthit			4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 1949		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Aug. 22, 1949	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 4
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) Missouri	
13a. FATHER'S NAME Walter Douthit			13b. MOTHER'S MAIDEN NAME Quindara Johnson		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Walter Douthit ADDRESS Odessa, MO.	

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) Hemorrhagic Disease of New Born ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Maternal hemorrhage in fetal-maternal contact			INTERVAL BETWEEN ONSET AND DEATH 7710
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) In injury	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 **Aug 22, 1949**, to **Aug 25, 1949**, that I last saw the deceased alive on **Aug 25, 1949**, and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Martin Rose		23b. ADDRESS Odessa, Mo.		23c. DATE SIGNED 8-26-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	24d. LOCATION (City, town, or county) (State) Odessa, Mo.	

DATE REC'D BY LOCAL REG. Aug 26 '49	REGISTRAR'S SIGNATURE Leta D. Drummond	25. FUNERAL DIRECTOR'S SIGNATURE W. L. Sparks ADDRESS Odessa, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

54
4
0

54
4
0

SEP 2

District Health Officer, No. 6

District File Number _____

Date Filed 9/16/47

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 George L. Newman

Licensed Embalmer No. 7541

P. O. Address Adena 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.