

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33300

BIRTH NO. 70909-49 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 719

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY OR TOWN Excelsior Springs		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN Excelsior Springs		21
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hosp.			d. STREET ADDRESS (If rural, give location) Excelsior Springs Hosp.		

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Marvin c. (Last) Douglas			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 28, 1949	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Excelsior Spings, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roscoe Marvin Douglas	13b. MOTHER'S MAIDEN NAME Doris Salyer	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Roscoe M. Douglas, Henrietta, Mo.		ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) premature birth DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 776X
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	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 **Oct 28, 1949** to **Oct 29, 1949**, that I last saw the deceased alive on **Oct 28, 1949** and that death occurred at **6 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Jay	(Degree of title) M.D.	23b. ADDRESS Richmond, Mo. 11249	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Machpelah	24d. LOCATION (City, town, of county) (State) Lexington, Mo.
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DATE REC'D BY LOCAL REG. 10/29/49	REGISTRAR'S SIGNATURE Caroline Hutchings	62	25. FUNERAL DIRECTOR'S SIGNATURE James T. Tempel	ADDRESS Lexington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 7

RECEIVED

District Health Officer No. 8,

District File Number

11-7-49

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

John Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Geo. McKean

Licensed Embalmer No.

2983

P. O. Address

Lexington, 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.