

FILED NOV 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37662

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3028 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-- Carthage		c. LENGTH OF STAY (in this place) 77 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-- Marian		d. STREET ADDRESS (If rural, give location) Carthage, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) DOUGLAS	
c. (Last) DOUGLAS		4. DATE OF DEATH (Month) (Day) (Year) October 29, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 9, 1866
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Edmund A. Estes		13b. MOTHER'S MAIDEN NAME Esther A Houston	
14. NAME OF HUSBAND OR WIFE Jas. Douglas			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Burton Estes		ADDRESS Reeds, Missouri	
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) Gastric Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Ulcer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, chronic and adheins pericarditis, 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 1941 1941 , to 29 Oct , 1949, that I last saw the deceased alive on 29 Oct 29 Oct , 1949, and that death occurred at 5:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE M. J. McNew (Degree or title)		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 10-29-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 31 1949	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG. Nov 1-49		REGISTRAR'S SIGNATURE L. B. Clinton, M.D.	
139		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary ADDRESS Carthage, Missouri	

P. e. n Ferguson (Embalmer's Statement on Reverse Side)

RECEIVED 11-8-49

Jasper County Health Office

County File Number 49-10-873

Date Filed 11-9-49

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 _____

Gene H. Parrent

Student Embalmer No. 349

working under my personal supervision.

Student Gene H. Parrent
Student Embalmer

Signed Emmuel L. Ince

Licensed Embalmer No. 391

P. O. Address Carthage

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.