

FILED JUL 24 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 24047

0644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bary</u> <u>8150</u>	
c. LENGTH OF STAY (in this place) <u>23 days</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Severing</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Douglas</u>		b. (Middle) <u>Ray</u>	
		c. (Last) <u>Likes</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>May 27, 1950</u>
9. AGE (In years last birthday) <u>1</u>		if UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	if UNDER 24 HRS. Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Bary Illinois</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Kernell Likes</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Redman</u>	14. NAME OF HUSBAND OR WIFE <u>—</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kernell Likes</u> ADDRESS <u>Bary Ill</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>Myocardial failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fibrocystic disease of the pancreas</u> <u>5 weeks.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5872</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. E. Sultzman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hamibal Mo.</u>	23c. DATE SIGNED <u>7-15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Bary Illinois</u>
DATE REC'D BY LOCAL REG. <u>7/18/50</u>	REGISTRAR'S SIGNATURE <u>Dr E M Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Depuy Redupnagel</u> ADDRESS <u>Bary Ill</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED JUL 20 1950  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 22 1950

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 <sup>NOT</sup> \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*H. Crawford Smith*

Licensed Embalmer No. 3874

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

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.