

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41445

BIRTH NO. _____		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 4315		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Macon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>macon 0610</i>			
b. CITY OR TOWN <i>La Plata</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>La Plata</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) <i>Charles</i>			a. (First)	b. (Middle) <i>W</i>	c. (Last) <i>Douglas</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 12-1950</i>	
5. SEX <i>m</i>		6. COLOR OR RACE <i>w</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>1-31-1868</i>	
9. AGE (In years last birthday) <i>82</i>		10. MONTHS <i>10</i>		11. DAYS <i>12</i>		12. HOURS & MIN. <i>12</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Knox Co. 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Luther Douglas</i>		13b. MOTHER'S MAIDEN NAME <i>Elizbeth Leach</i>		14. NAME OF HUSBAND OR WIFE <i>Amy Douglas</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Amy Douglas</i> ADDRESS <i>La Plata</i>			
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) <i>Cerebral Hemorrhage</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 months</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease</i>				<i>15 years</i>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>443X</i>	
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)		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 <i>Feb 2</i> , 1950, to <i>Dec 12</i> , 1950, that I last saw the deceased alive on <i>Dec 10</i> , 1950, and that death occurred at <i>11:30</i> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Raymond G. Hill D.O.</i>				23b. ADDRESS <i>La Plata Mo</i>		23c. DATE SIGNED <i>12-13-1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-10-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>La Plata</i>		24d. LOCATION (City, town, or county) (State) <i>La Plata Mo</i>	
DATE REC'D BY LOCAL REG. <i>12-15-1950</i>		REGISTRAR'S SIGNATURE <i>Max O. Griffin</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D.S. Christie</i>		ADDRESS <i>La Plata Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12, 21, 50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12-50-233  
Loss Filed 12, 28, 50

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 \_\_\_\_\_ ✓

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_ ✓

Signed.....  
Student Embalmer

Signed D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.