

No. 300
48
FILED FEB 6 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>4021</u>	Registrar's No. <u>3</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ladonia</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u> <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brown Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerimiah</u>		b. (Middle) <u>Malcolm</u>	c. (Last) <u>Douglass</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>14</u> <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-29-1864</u>	9. AGE (In years last birthday) Months Days <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John T. Douglass</u>		
13b. MOTHER'S MAIDEN NAME <u>Margaret Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Effie O'Dell</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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Graves</u>	
17. ADDRESS <u>Frankford, Mo.</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.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of mastoid</u>		INTERVAL BETWEEN ONSET AND DEATH <u>196X</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Region of Left side</u>				
DUE TO (c) <u>With metastasis to</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>all parts of Body</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 <u>Oct 28, 1950</u> , to <u>Jan 14, 1951</u> , that I last saw the deceased alive on <u>Jan 14, 1951</u> , and that death occurred at <u>9:04 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>R. B. Paige</u>		(Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Ladonia Mo</u>	23c. DATE SIGNED <u>Jan 17-1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>	24d. LOCATION (City, town, or county) (State) <u>Frankford, Mo</u>
DATE REC'D BY LOCAL REG. <u>1-16-51</u>		REGISTRAR'S SIGNATURE <u>Martha Korman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jules G. Gout</u>	
			ADDRESS <u>Frankford Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 20 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-2
Date Filed: FEB 5 1951

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 *Frankford No*

Licensed Embalmer No. *4093*

P. O. Address *Frankford No*

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.