

FILED MAR 22 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 10029
 Registrar's No. 2192

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2192			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2179			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res. 1919 S. Grand</u>				d. STREET ADDRESS (If rural, give location) <u>17 1919 S. Grand</u>					
3. NAME OF DECEASED a. (First) <u>Harry</u> (Type or Print)			b. (Middle) <u>Jackson</u>		c. (Last) <u>Douthit</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 21, 1881</u>		9. AGE (In years last birthday) <u>69yrs</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paint</u>		11. BIRTHPLACE (State or foreign country) <u>Holden Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John P Doughtit</u>			13b. MOTHER'S MAIDEN NAME <u>Ann London</u>		14. NAME OF HUSBAND OR WIFE <u>Daisey E. Douthit</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>yes 337-07-5737</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Daisey E. Douthit</u>		ADDRESS <u>3864 S Spring</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>Paralysis - Rt.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>3 days</u> <u>recently</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>23 ft X</u>					
22. I hereby certify that I attended the deceased from <u>March 5, 1951</u> , to <u>March 7, 1951</u> , that I last saw the deceased alive on <u>March 7, 1951</u> , and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Douthit, M.D.</u>				23b. ADDRESS <u>4800 Olive St. St. Louis 8-MO</u>		23c. DATE SIGNED <u>March 8-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carson Iowa</u>			
DATE REC'D BY LOCAL REG. <u>MAR 8 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Rosater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gleason & Sons 6176 Delmar</u>					

(Licensed Embalmers' Statement on Reverse Side)

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

Dr J W Hendricks
4500 Alamo 3800

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 Ronald O. Yahrke

Licensed Embalmer No. B917

P. O. Address St. Louis, 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.