

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20800**

FILED JUL 10 1951

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>4333</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <b>MONITEAU COUNTY</b>				2. USUAL RESIDENCE (Where deceased, lived... If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLARKSBURG, MO.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLARKSBURG</b>		<u>1680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				d. STREET ADDRESS (If rural, give location) <b>No Street - Adde</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>DOUGLASS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1951</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 4, 1867</b>		9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BLACKSMITH</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>BUTLER COUNTY, PENN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>NEWTON DOUGLASS</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA KELLY</b>		14. NAME OF HUSBAND OR WIFE <b>MARY WINBRENNER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>HILTON DOUGLASS, CLARKSBURG, MO.</b>			
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						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>	ANTECEDENT CAUSES						<b>2 year</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Generalized Arteriosclerosis</b>						<b>15 year</b>
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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)		<b>4221</b>	
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>Aug 3, 1948</u> , to <u>June 30, 1951</u> , that I last saw the deceased alive on <u>June 30, 1951</u> , and that death occurred at <u>8 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Raymond Jathan M.D.</b> (Degree or title)				23b. ADDRESS <b>California, Mo.</b>		23c. DATE SIGNED <b>7-2-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/2/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETRY</b>		24d. LOCATION (City, town, or county) (State) <b>CLARKSBURG, MONITEAU, MO.</b>		
DATE REC'D BY LOCAL REG. <b>7-3-51</b>		REGISTRAR'S SIGNATURE <b>W.R. Poppo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>WILLIAMS FUNERAL HOME, CALIFORNIA, MO.</b> ADDRESS			

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

1680

RECEIVED 7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-9-51

AUG 4 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *W. E. Friedman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California

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.