

STANDARD CERTIFICATE OF DEATH

State File No. **22538**

1951 JUL 30

7-16-57

REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **44-55** Registrar's No. **51**

1. PLACE OF DEATH
 a. COUNTY **DADE**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **EVERTON**
 c. LENGTH OF STAY (In this place) **LIFE**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **EVERTON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MISSOURI**
 b. COUNTY **DADE**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **EVERTON**
 d. STREET ADDRESS (If rural, give location) **0290**

3. NAME OF DECEASED
 a. (First) **PATRICIA**
 b. (Middle) **GERTRUDE**
 c. (Last) **DOUTY**
 4. DATE OF DEATH (Month) (Day) (Year) **JULY 10 1951**

5. SEX **F**
6. COLOR OR RACE **WHITE**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **MARRIED**
8. DATE OF BIRTH **MAY 26 1975**
9. AGE (In years last birthday) **76** IF UNDER 1 YEAR (Month) (Day) (Year) **1 14** IF UNDER 24 HRS. (Hour) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**
10b. KIND OF BUSINESS OR INDUSTRY **HOUSEWIFE**
11. BIRTHPLACE (State or foreign country) **MISSOURI**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **BERTON A LANGSTON**
13b. MOTHER'S MAIDEN NAME **MARY E CANTRELL**
14. NAME OF HUSBAND OR WIFE **W. T. DOUTY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, state war or dates of service) **NO**
16. SOCIAL SECURITY NO. **NONE**
17. INFORMANT'S SIGNATURE OR NAME **VELMA JONES**
ADDRESS **PICHER OKLAHOMA**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CORONARY THROMBOSIS**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **CEREBRAL HEMORRAGE**
 DUE TO (c) **ARTERIO SCLEROSIS**
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 **4201**
20. AUTOPSY? YES NO

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 **NOT WHILE AT WORK**
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 7:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE **G. F. Steyn** (Degree or title) **Do**
23b. ADDRESS **Ash Grove Mo**
23c. DATE SIGNED **7/12/51**

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) **BURIAL**
24b. DATE **JULY 12 51**
24c. NAME OF CEMETERY OR CREMATORY **SINKING CREEK CEMETERY**
24d. LOCATION (City, town, or county) (State) **DADE COUNTY MO.**

DATE REC'D BY LOCAL REG. **7-16-51**
REGISTRAR'S SIGNATURE **Geo L Weir**
25. FUNERAL DIRECTOR'S SIGNATURE **J. C. Canada**
ADDRESS **Greenfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

290

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUL 23 1951

Dist. File _____

Date Filed _____

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUL 23 1951

Dist. File 237-1397

Date Filed 7-26-51

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

J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.