

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22696**

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

0396

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>593</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield 0396</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hosp'tl</u>				d. STREET ADDRESS (If rural, give location) <u>926 S. Main</u>					
3. NAME OF DECEASED (Type or Print) <u>Sylvester</u>			a. (First)		b. (Middle)		c. (Last) <u>Douglas</u>		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>7-7-51</u>		<u>7</u>		<u>7</u>		<u>51</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH			
<u>Widowed</u>		<u>(about)</u>		<u>1885</u>		<u>about</u>			
9. AGE (In years last birthday)			IF UNDER 1 YEAR		IF UNDER 24 HRS.		IF UNDER 1 MIN.		
<u>about 66</u>			Months		Days		Hours		
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Garage Worker</u>			<u>GARAGE</u>			<u>Unknown</u>		<u>U.S.</u>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
<u>Unknown</u>			<u>Unknown</u>			<u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME				ADDRESS	
<u>No</u>		<u>No</u>		<u>Unknown</u>				<u>Mary M. Daniel - 927 S. Main</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				DUE TO (b)					
ANTECEDENT CAUSES				DUE TO (c)					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
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"/>	
								<u>334X</u>	
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) (Min.)		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>Sept 25, 1950</u> , to <u>July 6, 1951</u> , that I last saw the deceased alive on <u>July 6, 1951</u> , and that death occurred at <u>6:15 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Luman H. Brown M.D.</u>				23b. ADDRESS <u>307 1/2 College</u>		23c. DATE SIGNED <u>July 9, 1951</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or country) (State)			
<u>Burial</u>		<u>7-10-51</u>		<u>Hazlewood</u>		<u>Springfield Mo</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS
<u>7-10-51</u>		<u>W.E. Handley M.D.</u>			<u>H.V. Smith</u>				<u>602 N. Jefferson</u>

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 *Herbert V. Smith* _____

Licensed Embalmer No. *4286* _____

P. O. Address *Springfield* _____

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.