

STANDARD CERTIFICATE OF DEATH

State File No. **29344**

No. 300
10. 48

FILED SEP 19 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>248</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Adair</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Adair 3010</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Missouri 1</u>		
c. LENGTH OF STAY (In this place) <u>28 days</u>		d. STREET ADDRESS (If rural, give location) <u>RR #1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #2</u>				
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX
a. (First) <u>CLYDE</u>	b. (Middle) <u>IRVING</u>	c. (Last) <u>DOUGLAS</u>	Month <u>Sept.</u> Day <u>13</u> Year <u>1951</u>	<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>June 16, 1868</u>
9. AGE (In years last birthday) <u>83</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>Portsmouth, Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John J. Douglas</u>		
13b. MOTHER'S MAIDEN NAME <u>Margaret Meland</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ed. Smith (D)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Vern Douglas, Kirkville, Mo. Rt. 1</u>
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		<u>2 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<u>years</u>
		DUE TO (b) <u>ARTERIAL SCLEROSIS</u>		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		<u>4 months</u>
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</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)
				<u>4201</u>
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>August 15, 1957</u>, to <u>Sept. 13</u>, 19<u>57</u>, that I last saw the deceased alive on <u>Sept. 13</u>, 19<u>57</u>, and that death occurred at <u>4:10 p. m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. T. Hutenshain D.O. 2</u>		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>9-13-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Owenby Cem.</u>
				24d. LOCATION (City, town, or county) (State) <u>Kirkville Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-13-57</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis, Kirkville, Mo.</u>
				ADDRESS

Date Received: SEP 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1666
Date Filed: SEP 18 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 *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Frickville, 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.