

JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41019

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 24

240  
0

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

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SMITHVILLE</b>		c. LENGTH OF STAY (in this place) <b>2 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRIMBLE</b> <b>0250</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>SMITHVILLE COMMUNITY HOSP.</b>			d. STREET ADDRESS (If rural, give location) <b>NONE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>LENA</b>		b. (Middle) <b>DOUTHITT</b>		c. (Last) <b>DOUTHITT</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 24, 1951</b>		5. SEX <b>FE</b>		6. COLOR OR RACE <b>WH</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <b>WIDOWED</b>		8. DATE OF BIRTH <b>JULY 30, 1875</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b> <b>0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>ACRELIUS ZIRKLE</b>		13b. MOTHER'S MAIDEN NAME <b>ALICE CALVERT</b>	
14. NAME OF HUSBAND OR WIFE <b>HUGH DOUTHITT (DEC.)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. IRMA NETH SMITHVILLE, 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.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial degeneration</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Chronic Nephritis</b>		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 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) <b>592x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1835</u> , to <u>Dec 24, 1951</u> , that I last saw the deceased alive on <u>Dec 24, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Irma Neth</i>		23b. ADDRESS <i>Smithville</i>		23c. DATE SIGNED <i>12/27/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-27-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>STONY POINT CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>CLINTON COUNTY MO.</b>		DATE REC'D BY LOCAL REG. <b>12-27-51</b>		REGISTRAR'S SIGNATURE <i>Beverly Kitchener</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. ...</i>		ADDRESS <i>W. L. ...</i>			

OCT 15 1953

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 *Donald W. Haynes*.....

Licensed Embalmer No. *4528*.....

P. O. Address *Smithville, Missouri*.....

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.