

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43989
5595

State File No.

No. 300
10-48

FILED JAN 19 1952

BIRTH NO. _____ REG. DIST. NO. 148 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">930 East 12th Street</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Milner Hotel</p>	

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3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center">Curtis</p>	b. (Middle)	c. (Last) <p align="center">DOUGLAS</p>	(Month) <p align="center">Dec.</p>	(Day) <p align="center">23</p>	(Year) <p align="center">1951</p>

5. SEX <p align="center">Male <input checked="" type="radio"/></p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Divorced</p>	8. DATE OF BIRTH <p align="center">11-8-1886</p>	9. AGE (In years last birthday) <p align="center">65</p>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Barber</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Fed. Res. Bank Bldg.</p>	11. BIRTHPLACE (State or foreign country) <p align="center">Cutler, Indiana</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>
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13a. FATHER'S NAME <p align="center">John L. Douglas</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Emmaline Moorehead</p>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <p align="center">no</p>	16. SOCIAL SECURITY NO. <p align="center">-</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Ethel J. Pinnell</p>	ADDRESS <p align="center">217 W. 9th, Gd. Island, Ne</p>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="right">4200</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Disruption</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic heart disease</u>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">GEO. C. Kealhofer</p>	23b. ADDRESS <p align="center">4050 Broadway</p>	23c. DATE SIGNED <p align="center">2-2-51</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Cremation</p>	24b. DATE <p align="center">12-27-51</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Elmwood</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Missouri</p>
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DATE REC'D BY LOCAL REG. <p align="center">12-27-51</p>	REGISTRAR'S SIGNATURE <p align="center">Geraldine Holmes</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Melody-McGilley-Eylar</p>	ADDRESS <p align="center">Kansas City, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.