No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4696

FILED FEB 25 1952

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 134-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Springfield Rural N. Campbell Rwsp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield R.F.D. # 4

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Springfield Rural N. Campbell Twsp. 0390
d. STREET ADDRESS (If rural, give location): Springfield R.F.D. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): CLARK
b. (Middle):
c. (Last): DOUGLAS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced D

8. DATE OF BIRTH: April 17, 1880

9. AGE (In years last birthday): 71 — If under 1 year: Months 9, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pension

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Clinton, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gaylord Douglas

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Roberta Pendleton, Joplin, Missouri

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) Arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4500

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) m.

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* 12-19-, 1950, *to* 2-12-, 1952, *that I last saw the deceased alive on* 2-11-, 1952, *and that death occurred at* 10:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE W. Kelly MD (Degree or title) 0

23b. ADDRESS Springfield Mo

23c. DATE SIGNED 2-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE 2-16-52

24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove

24d. LOCATION (City, town, or county) (State): S. of Miller Mo.

DATE REC'D BY LOCAL REG. 2/19/52

REGISTRAR'S SIGNATURE James H. Amos, MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Morris-Lemon Miller Mo

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Milan 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.