No. 300
10-48

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

FILED OCT 3 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32535

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frankford
c. LENGTH OF STAY (in this place): 94 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Frankford 0820
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JARVE
b. (Middle): THOMPSON
c. (Last): DOUGLASS

4. DATE OF DEATH (Month) (Day) (Year): Sept 16 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Oct 4 1857
9. AGE (In years last birthday): 94 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): SE. Frankford Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Thompson Douglas
13b. MOTHER'S MAIDEN NAME: Margaret Henry
14. NAME OF HUSBAND OR WIFE: Mallie Sly Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. R. G. Graves
ADDRESS: Frankford Mo

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): Cancer Hand & Ear — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

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

DUE TO (b):

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: 1998
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* Sept. 12, 1952, *to* Sept 16, 1952, *that I last saw the deceased alive on* Sept 16, 1952, *and that death occurred at* 10:18 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. P. Hansen (Degree or title): MD
23b. ADDRESS: Frankford
23c. DATE SIGNED: Sept 17 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 18-52
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cem.
24d. LOCATION (City, town, or county) (State): Frankford Mo.

DATE REC'D BY LOCAL REG.: Sept 25, 1952
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE: Fields & Son
ADDRESS: Frankford 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 Lee Fields Megown

Licensed Embalmer No. 4083

P. O. Address Trenton 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.