

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2001**

State File No. 23

LLD JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4263</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Knox</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Holt River Mo</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Knox</b>	
c. LENGTH OF STAY (in this place) <b>6 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi. S. W. Edina</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at his residence</b>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>Frank</b>	b. (Middle)	c. (Last) <b>Douglas</b>	Month <b>Jan</b>	Day <b>18</b>	Year <b>1953</b>	M <b>0</b>	W
6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married 0</b>	8. DATE OF BIRTH <b>June 24, 1908</b>		9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Novelty, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Cal Douglas</b>		13b. MOTHER'S MAIDEN NAME <b>Daisy Sheets</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>494-32-4601</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank D Douglas</b>			ADDRESS <b>Edina, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)	<b>Coronary thrombosis</b> <b>arterio-sclerotic heart disease</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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		
			<b>4200</b>				
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>Jan 19</u> , to _____, 19____, that I last saw the deceased alive on <u>Jan 18</u> , 19 <u>53</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>Dr. Mahoney Do - Coroner Knox County</b>			23b. ADDRESS <b>Edina Mo</b>			23c. DATE SIGNED <b>1-24-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linnville cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Edina Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Jan 26-53</b>	REGISTRAR'S SIGNATURE <b>Helle S. Humalt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. H. Primer</b>		ADDRESS <b>Edina, Mo</b>		

(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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.