

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 - 1953

BIRTH NO. REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4155

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Everton		c. CITY (If outside corporate limits, write RURAL and give township) Everton	
c. LENGTH OF STAY (In this place) 2 years		d. STREET ADDRESS (If rural, give location) E. part of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home E. part of town			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) Taylor	c. (Last) Douty	(Month) July	(Day) 26	(Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 14, 1874	9. AGE (In years last birthday) 79	10. MONTHS 1	11. DAYS 12	12. HOURS -	13. MINUTES -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Flagman		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Joe Douty		13b. MOTHER'S MAIDEN NAME Lucy Jones		14. NAME OF HUSBAND OR WIFE Patrica Gertrude Douty			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-03-7370		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lonnie Douty, Everton, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA PROSTATE				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. ARTERIO Sclerosis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X				20. AUTOPSY? YES <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from **6-15**, 19**53**, to **7-26**, 19**53**, that I last saw the deceased alive on **7-26**, 19**53**, and that death occurred at **5:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. F. Stearns DO. 2		23b. ADDRESS Ash Grove, Mo.		23c. DATE SIGNED 7/27/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Sinking Creek		24d. LOCATION (City, town, or county) (State) Dade County, Mo.	
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DATE REC'D BY LOCAL REG. 7-27-53		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

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

0290
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AUG 17 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

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.