

SEP 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29626

State File No.

0860
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5989</u>		Registrar's No. <u>555</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Swanton Grant</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Douglas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 53</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 9 1876</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: MONTHS <u>16</u> DAYS <u>12</u> HOURS <u>—</u> MIN. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jeremiah Beverly</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Hensie</u>		14. NAME OF HUSBAND OR WIFE <u>Earl William Douglas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Earl William Douglas</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arterio-sclerosis</u> 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 _____				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) _____	
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>Aug 18, 1953</u> , to <u>Aug 26, 1953</u> , that I last saw the deceased alive on <u>Aug 26, 1953</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P. Vincent</u>				23b. ADDRESS <u>W.D. Coatsville Mo.</u>		23c. DATE SIGNED <u>Aug 26, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interment</u>		24b. DATE <u>Aug 27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Phillipsburg</u>		24d. LOCATION (City, town, or county) (State) <u>Kan</u>	
DATE REC'D BY LOCAL REG. <u>8-28-53</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bruce Norman</u>		ADDRESS <u>Leicester Mo</u>	

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 _____

Gay J. Shelton

Licensed Embalmer No. 4700

P. O. Address Queen 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.