

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 14 1954

BIRTH NO. ... REG. DIST. NO. 666 PRIMARY REG. DIST. NO. 4116 Registrar's No.

1. PLACE OF DEATH a. COUNTY Chariton b. CITY OR TOWN Sumner c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION 2. USUAL RESIDENCE a. STATE No b. COUNTY Chariton c. CITY OR TOWN Sumner d. STREET ADDRESS

3. NAME OF DECEASED a. (First) Ora b. (Middle) ANN c. (Last) Douglas 4. DATE OF DEATH JAN 9-1954 5. SEX F 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Dec. 27-1883 9. AGE 76 10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housework 11. BIRTHPLACE Hale Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robt. Heaton 13b. MOTHER'S MAIDEN NAME Mollie Hayden 14. NAME OF HUSBAND OR WIFE Harvey B. Douglas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey B. Douglas Sumner Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis MEDICAL CERTIFICATION 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. INTERVAL BETWEEN ONSET AND DEATH 2 year

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Dec 10, 1953, to Jan 9, 1954, that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 12 P. m., from the causes and on the date stated above.

23a. SIGNATURE W.B. Stinson MD (Degree or title) 23b. ADDRESS Brookfield Mo 23c. DATE SIGNED 1-10-54

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE 1-11-54 24c. NAME OF CEMETERY OR CREMATORY Haleside 24d. LOCATION (City, town, or county) (State) Sumner Mo

DATE REC'D BY LOCAL REG. 1-11-54 REGISTRAR'S SIGNATURE Maud Wright 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S.L. Shepard Menden Mo.

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

No. 300 10. 48

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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. G. Leopard

Licensed Embalmer No. _____

3970

P. O. Address _____

Mendon Ma

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.