

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11193

State File No.

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Boone</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Boone</p>	
b. CITY OR TOWN <p style="text-align: center;">Columbia</p>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <p style="text-align: center;">Columbia</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">21 Anderson Ave.</p>		e. STREET ADDRESS (If rural, give location)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">ANNIE</p>	b. (Middle) <p style="text-align: center;">PEARL</p>	c. (Last) <p style="text-align: center;">DOUGLASS</p>	(Month) <p style="text-align: center;">April</p>	(Day) <p style="text-align: center;">22,</p>	(Year) <p style="text-align: center;">1954</p>

5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Aug. 31, 1875</p>	9. AGE (in years last birthday) <p style="text-align: center;">78</p>	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">At Home</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">-----</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Howard County, Missouri.</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>	

13a. FATHER'S NAME <p style="text-align: center;">Robert Alexander Cornelius</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Fannie Burl Diggs</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Robert H. Douglass</p>	
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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) <p style="text-align: center;">NO</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">-----</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">M. Earl Douglass, 21 Anderson, Columbia, Mo.</p>			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <p style="text-align: center;"><i>Arterio Sclerotic Heart Disease</i></p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;"><i>year</i></p>
	ANTECEDENT CAUSES		DUE TO (b)		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <p style="text-align: center;"><i>4200</i></p>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <p style="text-align: center;">Columbia Boone Mo</p>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4/22, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;"><i>Henry H. Sweet, Jr. M.D. Coroner</i></p>	23b. ADDRESS <p style="text-align: center;">Columbia Mo</p>	23c. DATE SIGNED <p style="text-align: center;">4/22/54</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">Apr. 24, 1954</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Columbia, Mo.</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Apr. 23 1954</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Mrs. R.E. Palmer</p>	31-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Parsons Funeral Service, Columbia Mo</p>
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 489
P. O. Address Columbia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.