

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14679

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA.		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY OR TOWN RICH HILL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 303 1/2 W. PARK AVE. 1			
3. NAME OF DECEASED (Type or Print) a. (First) DELL			b. (Middle) CARROLL			c. (Last) DOUGLASS	
4. DATE OF DEATH (Month) (Day) (Year) APRIL-30-1954							
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.		8. DATE OF BIRTH FEB-22-1880	9. AGE (In years last birthday) 74	10. MONTHS 2	11. DAYS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINING-PAINTING COAL.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BUTLER, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME H. MARTIN DOUGLASS.			13b. MOTHER'S MAIDEN NAME LORANNAH SMITH.			14. NAME OF HUSBAND OR WIFE ERNA M. DOUGLASS	
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. 492-14-3583		17. INFORMANT'S SIGNATURE OR NAME Erna M. Douglas - Butler, Kans.			
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) leukemic leukemia				INTERVAL BETWEEN ONSET AND DEATH 2 mos	
		ANTECEDENT CAUSES					
		Morbidity 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.					
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 April 17, 1954 , to Apr 30, 1954 , that I last saw the deceased alive on Apr 30, 1954 , and that death occurred at 11:19 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Undertaken, M.S.				23b. ADDRESS Nebraska Mo		23c. DATE SIGNED 5-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-3-1954		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.		24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI	
DATE REC'D BY LOCAL REG. 5-4-1954		REGISTRAR'S SIGNATURE Anna E. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE Ferris Booth Funeral Home - Rich Hill, Mo		ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *John G. Underwood*

Licensed Embalmer No. *358*

P. O. Address *Butler, 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.