

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17966**

FILED JUN 28 1954

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>648</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1021 Isadore St.</b>				d. STREET ADDRESS (If rural, give location) <b>1021 Isadore St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JEROLD</b>		b. (Middle) <b>K.</b>		c. (Last) <b>DOUGLAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 19, 1896</b>	
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Wk. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass't Chief Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Supt. Office C. B. &amp; O. R.R. St. Joseph, Mo.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>George Douglas</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Lou Douglas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>707-05-7634</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Lou Douglas, St. Joseph, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>  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. <b>Numerous attacks of Angina Pectoris 4 yrs.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 18, 1954</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. F. Meenderdy (Coroner) M.D.</b>				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>6/18/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 21, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 24, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhofer &amp; Olmstead</b>		ADDRESS <b>St. Joseph, Mo.</b>	

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

OCT 24 1902

JUN 28 1902

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 Raymond H. Marchand

Licensed Embalmer No. 4413

P. O. Address St. Joseph 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.