No. 300
10-48

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30058

BIRTH NO. ____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 4116 Registrar's No. ____

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1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sumner
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN: Sumner
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 0210

3. NAME OF DECEASED (Type or Print)
a. (First) Harvey b. (Middle) B. c. (Last) Doughas

4. DATE OF DEATH (Month) (Day) (Year): Sept 29-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov-17-1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 10, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Jonesville Ky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF ~~HUSBAND OR~~ WIFE: Ora ANN Doughas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Homer Doughas
ADDRESS: Brookfield Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Anoxemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency
DUE TO (c) Athrosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* Sept 5, 1954, *to* Sept 29, 1954, *that I last saw the deceased alive on* Sept 26, 1954, *and that death occurred at* app. 1A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Johnston, H.O.
23b. ADDRESS: Mendon, Mo.
23c. DATE SIGNED: 10-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/1/54
24c. NAME OF CEMETERY OR CREMATORY: Halleside
24d. LOCATION (City, town, or county) (State): Sumner Mo

DATE REC'D BY LOCAL REG.: 10-2-54
REGISTRAR'S SIGNATURE: Maud Wright 450
25. FUNERAL DIRECTOR'S SIGNATURE: S. L. Leipard
ADDRESS: Mendon MO

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed S. L. Leipard

Licensed Embalmer No. 39

P. O. Address Mendon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.