

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 6 1954

 BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0820</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>CARTER</u> c. (Last) <u>Douglas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 28, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 24 - 1897</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	
11. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>			

13a. FATHER'S NAME <u>Melton Douglas</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Douglas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>Yes 1918</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Douglas</u> ADDRESS <u>Clarksville Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis, with</u>		ACUTE CAUSES <u>Acute Dilatation of heart post-operative.</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Portia F. D. ...</u>			
DUE TO (c) <u>4222</u>		II. OTHER SIGNIFICANT CONDITIONS: <u>Portia F. D. ...</u>			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>8/27/54</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Obstruction of pylorus due to scar tissue (Poregnil)</u>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

I hereby certify that I attended the deceased from 5/14/54, 1954, to 8/28/54, that I last saw the deceased live on 8/28/54, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <u>W. M. D.</u>		23b. ADDRESS <u>Louisiana, Missouri.</u>		23c. DATE SIGNED <u>9/29/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>GREENWOOD CEM.</u>	
24d. LOCATION (City, town, or county) (State): <u>CLARKSVILLE, MO</u>		DATE REC'D BY LOCAL REG. <u>Oct 2 54</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harrell Harrell</u>		ADDRESS <u>Clarksville Mo.</u>			

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

NOV 8 1961
NOV 14 1961

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.