

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1430**BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (In this place) 28 DAYS		d. STREET ADDRESS (If rural, give location) 2505 N. OZARK AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) HUGH	c. (Last) DOUGLAS	4. DATE OF DEATH (Month) (Day) (Year) JAN. 30, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 2, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-FRT AGENT	10b. KIND OF BUSINESS OR INDUSTRY FRISCO R. R.	11. BIRTHPLACE (State or foreign country) HIGHFILL, BENTON CTY, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN A. DOUGLAS	13b. MOTHER'S MAIDEN NAME CANDACE MELLISSA HAXTON	14. NAME OF HUSBAND OR WIFE MINNIE BELLE DOUGLAS
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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) UNK	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MRS. MINNIE B. DOUGLAS-	ADDRESS 2505 N. OZARK
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis, decompensated diagnosed Sept., 1954.		
	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. Cerebral vascular accident.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION No operation.	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) 5810
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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? _____
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22. I hereby certify that I attended the deceased from 10-18, 1954, to 1-30, 1955, that I last saw the deceased alive on 1-29, 1955, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Minnie B. Douglas</i>	23b. ADDRESS 410 Jackson, Joplin, Missouri	23c. DATE SIGNED 2-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-1-55	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 2-4-55	REGISTRAR'S SIGNATURE <i>Ed S. James</i> 13806	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY,	ADDRESS JOPLIN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed FEB 7 1955

FEB 21 1955

VB APR 21 1955

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.