

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25009

State File No.

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4496 Registrar's No. 58

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| 1. PLACE OF DEATH a. COUNTY <u>Shelby</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> | |
| b. CITY OR TOWN <u>Shelbyville</u> | | c. CITY OR TOWN <u>Shelbyville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>50</u> |
| c. LENGTH OF STAY (in this place) <u>30 days</u> | | STREET ADDRESS (If rural, give location) <u>1020</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Hill Rest Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie</u> b. (Middle) <u>REBECCA</u> c. (Last) <u>Douglass</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1955</u> <u>June 17 1892</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 17, 1872</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Barre Vermont</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>William A. Weeks</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Lackie</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles Edward Douglass</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bridges</u> ADDRESS <u>Shelbyville Mo</u> |
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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, asthenia, 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) <u>Cause of death undetermined</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>She was sane and refused examination by any medical attention</u> | | |
| 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. <u>79.55</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on July 2, 1955, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>R. C. ...</u> | 23b. ADDRESS <u>24-D S. Shelbyville Mo</u> | 23c. DATE SIGNED <u>7-21-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 22 55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Harmony cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>S. E. of Edina, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7-23-55</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs L. W. Hudson</u> ADDRESS <u>Edina Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Mrs Arthur Douglas
Niece
Edison Mo
Shows 27512

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.....*E. W. Masgrave*.....

Licensed Embalmer No.....*2711*.....

P. O. Address...*Bechtel 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.