

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39693

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1340</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>Cameron</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital #2</u>				• STREET ADDRESS (If rural, give location) <u>Urban</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u>			b. (Middle)		c. (Last) <u>Entikin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 19, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>About 1905</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Frank Burdett Douglas</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Centennial</u>		14. NAME OF HUSBAND OR WIFE <u>not given</u>		
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 ADDRESS <u>Clinton County Court, Plattsburg, Mo.</u>					
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) <u>Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>	
* ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Syphilis</u>				DUE TO (c)				5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>023x</u>				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12/19</u> , 19 <u>55</u> , to <u>12/19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/19</u> , 19 <u>55</u> , and that death occurred at <u>10:15 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. E. Cassius M.D.</u>				23b. ADDRESS <u>State Hospital #2, City</u>		23c. DATE SIGNED <u>12/19/1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Poland Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		485 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick Meierhoffer</u>		ADDRESS <u>St. Joseph, Mo.</u>			

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

**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. Harrington*

Licensed Embalmer No. 326

P. O. Address *Joseph*

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.