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FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41292

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>16 years</u>		e. STREET ADDRESS (If rural, give location) <u>419 Mechan Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CARRIE</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>DOUGLAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 27, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1901</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Sampsel, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Charles Thomas Sansom</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Walker</u>	14. NAME OF HUSBAND OR WIFE <u>William Douglas</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>Wm. Douglas; Chillicothe, Missouri</u>	18. ADDRESS <u>419 Mechanic Street</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>		

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) _____	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 Nov 23, 1955 to Nov 27, 1955, that I last saw the deceased alive on Nov 27, 1955, and that death occurred at 10:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis F. Gale M.D.</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>11-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 29/55</u>	REGISTRAR'S SIGNATURE <u>Francisco A. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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 *Elton J. Norman*.....

Licensed Embalmer No. 4036.

P. O. Address Chillicothe,

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.