

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24447**

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5789** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY OR TOWN RURAL ST. JAMES	c. LENGTH OF STAY (in this place township) 66 YEAR	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 M. W. OF EAST PRAIRIE		f. STREET ADDRESS (If rural, give location) 7 M. W. OF EAST PRAIRIE No. 0690	

3. NAME OF DECEASED a. (First) JESS b. (Middle) DALTON c. (Last) DOUGLAS			4. DATE OF DEATH JULY 7 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 4, 1880	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) BENTON CO. TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAMES WESLEY DOUGLAS	13b. MOTHER'S MAIDEN NAME NETTIE PRESSON	14. NAME OF HUSBAND OR WIFE DOVIE WOODS DOUGLAS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME DOVIE WOODS DOUGLAS ADDRESS EAST PRAIRIE, MO.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 7, 1953**, to **July 5, 1956**, that I last saw the deceased alive on **July 5, 1956**, and that death occurred at **11:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE Samuel Hamilton D.O. (Degree or title)	23b. ADDRESS East Prairie Mo.	23c. DATE SIGNED 7-23-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-9-56	24c. NAME OF CEMETERY OR CREMATORY DOGWOOD CEMETERY
		24d. LOCATION (City, town, or county) (State) Mississippi Co. Mo.

DATE REC'D BY LOCAL REG. 7-25-56	REGISTRAR'S SIGNATURE Gertrude L. Harper	25. FUNERAL DIRECTOR'S SIGNATURE Wainwright Helph ADDRESS East Prairie Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

197-0

RECEIVED
Miss. Co. Health Dept
County File No. JUL 20
Date Filed JUL 26 1956

JUL 6 1956

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 *Travis Shelbiff Jr.*

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.