X
No. 300
10.48

Dr Leonard

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24552

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4K02 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele
c. LENGTH OF STAY (In this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If no, in hospital or institution, give street address or location): Cooter Dep

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Steele
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Cooter Dep 0780

3. NAME OF DECEASED (Type or Print)
a. (First): Johnnie
b. (Middle):
c. (Last): Douglas

4. DATE OF DEATH (Month) (Day) (Year): 7-6-56

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1884

9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): O'Bion Tenn

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Hamilton

13b. MOTHER'S MAIDEN NAME: Mallie Fauler

14. NAME OF HUSBAND/OR WIFE: Fred Douglas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Fred Douglas
ADDRESS: Steele, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Fractured skull (2) Chest - Crushed (3) Numerous fractures — INTERVAL BETWEEN ONSET AND DEATH: 0

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.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Car accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): H.W. 61

21c. (CITY, TOWN, OR TOWNSHIP): Steele (COUNTY): Pemiscott (STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 6 56 2 pm

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Thrown from Car. Collision

22. *I hereby certify that I attended the deceased from* DOA, 19___, *to* 7/6, 1956, *that I last saw the deceased alive on* 0, 19___, *and that death occurred at* 2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William F. Turner MD

23b. ADDRESS: Steele Mo.

23c. DATE SIGNED: 7/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried

24b. DATE: 7-9-56

24c. NAME OF CEMETERY OR CREMATORY: Mt Zion

24d. LOCATION (City, town, or county) (State): Steele Mo

DATE REC'D BY LOCAL REG.: 7-16-56

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE: Gannon Undt Co.
ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

249-0

7-183-56

JUL 17 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.