Health,
& Welfare
Public
Service

S. 300
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FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13980
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Maple Lawn Rest home — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Palmyra 0640 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Maple Lawn rest home — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Jason Middle: Last: Douglas
4. DATE OF DEATH Month Day Year: April 30, 1957
5. SEX 0 male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan 3, 1878
9. AGE (In years last birthday) 79 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (City and state or country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Hardin Douglas
14. MOTHER'S MAIDEN NAME Annie (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT S. A. Drake — Address Palmyra, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE E. M. Lucke (Degree or title) 0
22b. ADDRESS Hannibal
22c. DATE SIGNED 5-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/2/57
23c. NAME OF CEMETERY OR CREMATORY Greenwood cemetery
23d. LOCATION (City, town, or county) Palmyra, (State) Mo.
24. FUNERAL DIRECTOR E. T. Sprague — ADDRESS Palmyra, Mo.
25. DATE RECD. BY LOCAL REG. 5-8-57
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By Nola Gen. Deputy

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the specific manner required by R.S.Mo. 193.145, Mo. Rev. Stat. 1949, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

189-0

RECEIVED MAY 1 1 1957
MARION CO. HEALTH DEPT.
DATE FILED MAY 1 1 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Palmyra, M

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