

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020964  
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 713

300  
-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Okla. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Oklahoma City 8.3.50	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo River		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle J Last Douglas		4. DATE OF DEATH Month June Day 29, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3? DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 16, 1899
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	11. BIRTHPLACE (City and state or country) Oskaloosa, Kansas
10b. KIND OF BUSINESS OR INDUSTRY construction		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Douglas		13b. MOTHER'S MAIDEN NAME Ella Sharp	
14. NAME OF HUSBAND OR WIFE Viola		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) (If yes, give dates of service) yes WW#1	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mary Ellen Hayman, Springfield, Ohio	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Falling into Mo river DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9298 42			INTERVAL BETWEEN ONSET AND DEATH at once
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) slipped and fell into river	
20c. TIME OF INJURY Hour none a.m. Month, Day, Year 6-29-58 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo river bank		20f. CITY, TOWN, OR LOCATION St Joseph 131 COUNTY MO STATE MO	
21. I attended the deceased from Death occurred at received body July 1 1958 and last saw her alive on not on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. McManey M.D. Coroner 3		22b. ADDRESS 214 Kirkpatrick St. Joseph MO DATE SIGNED 7-1-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 5, 1958	
23c. NAME OF CEMETERY OR CREMATORIAL SOCIETY Presbyterian Reformed Church Cemetery		23d. LOCATION (City, town, or county) Winchester Kansas (State)	
24. FUNERAL DIRECTOR John E. Rupp ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. July 5, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

JUL 16 1958

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, *on body encased in air tight container* Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John E. Rupp*  
Licensed Embalmer No. *986*

P. O. Address *St. 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.