

XC-2051 699
SL 16171

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023246

STATE FILE NUMBER 6427

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED JUL 14 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN SILOAM SPRINGS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 809 S. ELM	
3. NAME OF DECEASED (Type or print) First Middle Last ARDEN H. DOUGLASS		4. DATE OF DEATH Month Day Year JUNE 24, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/6/83
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VETERINARIAN	
11. BIRTHPLACE (City and state or country) WAYNE CO., N. Y.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILLIAM J. DOUGLASS		13b. MOTHER'S MAIDEN NAME MARY (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE NORA DOUGLASS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-1	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIOVASCULAR COLLAPSE</u> DUE TO (b) <u>ADRENAL INSUFFICIENCY</u> DUE TO (c) <u>POST-OPERATIVE STATE -CHOLECYSTECTOMY</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - 586x -			INTERVAL BETWEEN ONSET AND DEATH 4 HOURS 36 HOURS 36 HOURS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from <u>6/2/58</u> to <u>6/24/58</u> and last saw <u>him</u> alive on <u>6/24/58</u> Death occurred at <u>11:40 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>David L. Sockler</u> (Degree or title) <u>M.D.</u> DAVID L. SOCKLER, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 6/25/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6/26/58		23c. NAME OF CEMETERY OR CREMATORY Siloam Springs, Ark.	
23d. LOCATION (City, town, or county) (State) Siloam Springs, Ark.		24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.	
25. DATE RECD. BY LOCAL REG. JUN 26 '58		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u> md's.	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300

1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

JUL 4 1958

OCT 6 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, or by....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Halley A. Joeller Jr*
Licensed Embalmer No. *4950*
P. O. Address *St. Louis*

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.