

FILED VS SEP 11 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-028038
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Adrain County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Adrain Co. Hosp.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>620, E Monroe</u>

3. NAME OF DECEASED (Type or print) First <u>Theresa</u> Middle <u>Mae,</u> Last <u>Douglas</u>			4. DATE OF DEATH Month <u>9</u> Day <u>4</u> Year <u>59</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1910</u>	9. AGE (In years and birth day) <u>48</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Maid</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and state or country) <u>Mexico Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eddie J. Bell</u>	13b. MOTHER'S MAIDEN NAME <u>Florence White</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Douglass</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT <u>Helen Brown Martin Burg Mo.</u>	Address
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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>Pulmonary Scleroderma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Scleroderma</u>		<u>4 years</u>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7100</u>		19. WAS AUTOPSY PERFORMED? 1 YES <input type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>Mexico Mo.</u>	COUNTY	STATE
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21. I attended the deceased from <u>3-18-55</u> to <u>9-4-59</u> and last saw her/him alive on <u>9-4-59</u> Death occurred at <u>9 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Ernest J. Yant MD</u> (Degree or title)	22b. ADDRESS <u>Mexico, Mo</u>	22c. DATE SIGNED <u>9-8-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-8-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elm wood Cemetery</u>	23d. LOCATION (City, town or county) (State) <u>Mexico Mo.</u>
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24. FUNERAL DIRECTOR <u>W.R. Sephus Hannibal Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Sept 8-1959</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9-5

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 *W. R. Stephens*

Licensed Embalmer No. *3420*

P. O. Address *Hammond, IN*

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.