

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033194

FILED VS OCT 5 1959

251

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 214

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Nodaway</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nodaway Twp.</b>		a. STATE <b>Texas</b>		b. COUNTY _____	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 71, Clearmont</b>		Length of stay in 1b -----		c. CITY OR TOWN <b>El Paso</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6444 Cheyenne Drive</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARLIN GEORGE DOUGLAS</b>				4. DATE OF DEATH Month Day Year <b>9 26 59</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/26/33</b>	9. AGE (last birthday) <b>26</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft</b>		11. BIRTHPLACE (City and state or country) <b>Mills County, Ia.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Raymond Douglas</b>			13b. MOTHER'S MAIDEN NAME <b>Clystia Davis</b>		14. NAME OF HUSBAND OR WIFE <b>Barbra Bachand Douglas</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean War</b>		16. SOCIAL SECURITY NO. <b>480-34-7322</b>		17. INFORMANT Address <b>Hugh Milledge, Red Oak, Iowa</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <b>None</b>	
IMMEDIATE CAUSE (a) <b>Brain laceration - severe</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractured skull compound</b>							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Internal injuries Multiple fractures</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <b>automobile accident - automobile</b>					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	<b>He was riding in hit barn on bridge.</b>						
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.) <b>Hi 71 - 1/2 mi. N Hi 136</b>	20f. CITY, TOWN, OR LOCATION <b>Burlington</b>	COUNTY <b>Missouri</b>	STATE <b>MO</b>			
21. I attended the deceased from _____ to <b>9/26/59</b>		and last saw him live on <b>not seen</b>					
Death occurred at <b>8:00</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>B. F. Dylam</b> (Degree or title) <b>Coroner M. D.</b>				22b. ADDRESS <b>Maryville, Missouri</b>		22c. DATE SIGNED <b>9/26/59</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>9/26/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Red Oak</b>		23d. LOCATION (City, town, or county) <b>Red Oak, Iowa</b>		(State)	
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>9-26-59</b>		26. REGISTRAR'S SIGNATURE <b>Bess Holt</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 1950

NOV 10 1950

VS OCT 9 1959

APR 26 1959

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 Clum M. P. P. P.

Licensed Embalmer No. 1822

P. O. Address Marysville, Va

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.