

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043135

FILED VS DEC 1 1959 360

6225 Registrar's No. 188

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Vernon County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u> Length of stay in 1b <u>22yrs.</u>		c. CITY OR TOWN <u>Nevada</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. # 3</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route # 4</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Roma</u> Middle <u>Beatrice</u> Last <u>Douglass</u>			4. DATE OF DEATH Month <u>November</u> Day <u>19</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (last birthday) <u>49 ?</u>		IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u>	IF UNDER 24 HR Hours <u>?</u> Min. <u>?</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>Herman Ryals (deceased)</u>	
13b. MOTHER'S MAIDEN NAME <u>Grace Newam (Deceased)</u>		14. NAME OF HUSBAND OR WIFE <u>R. E. Douglass</u>	
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>Unknown</u>	
17. INFORMANT <u>State Hospital Records</u>		Address	
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>Coronary Vessel Disease</u> DUE TO (b) <u>Atheromatous Sclerosis</u> DUE TO (c) <u>Paresis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Yrs.</u> <u>Yrs.</u> <u>Yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour <u>9:15</u> a.m. / p.m. Month, Day, Year		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. I attended the deceased from <u>January 20, '36</u> to <u>Nov. 19, 1959</u> and last saw her/him alive on <u>11-19-59</u> Death occurred at <u>9:15</u> a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. Allen Pickens, M.D.</u>		22b. ADDRESS <u>State Hospital # 3</u>	
22c. DATE SIGNED <u>11-19-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11/19/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Pond Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pearl, Ill.</u>
24. FUNERAL DIRECTOR <u>C. C. Hanks Funeral Home - Pearl, Ill.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Nov 23 - 1959</u>	
		26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

2000

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Rory F. Melster

Licensed Embalmer No. 4805

P. O. Address Nevada, N

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.