

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1961

-61-002347
STATE FILE NUMBER

AMENDED Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 2

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY New Madrid		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville		c. CITY OR TOWN Portageville		d. STREET ADDRESS (If outside, give location) 301 Main St	
e. STATE Missouri		f. COUNTY New Madrid		g. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		h. RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James Elbert Douglas				4. DATE OF DEATH Month Day Year January 26, 1961			
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 7-18-1906	9. AGE (last birthday) 54	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Brighton, Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James L. Douglas		13b. MOTHER'S MAIDEN NAME Eva Evans		14. NAME OF HUSBAND OR WIFE Golda Brown Douglas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Golda Douglas Address Portageville, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured Skull, Cotton Picker</i> DUE TO (b) <i>slid off of bridge in snow</i> DUE TO (c) <i>body was under picker in water.</i> 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 type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH	
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.) <i>as above</i>					
20c. TIME OF INJURY Hour a.m. <i>9:15</i>		Month, Day, Year <i>1/26/61</i>		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.) <i>Portage</i>	
20f. CITY, TOWN, OR LOCATION <i>New Madrid, Mo.</i>		COUNTY		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Leo Hedgepeth, Coroner.</i>				22b. ADDRESS <i>New Madrid, Mo.</i>		22c. DATE SIGNED <i>1/26/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>1-29-61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Portageville Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Portageville, Missouri</i>	
24. FUNERAL DIRECTOR <i>DeLisle Funeral Home</i>		ADDRESS <i>Portageville, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1-28-61</i>		26. REGISTRAR'S SIGNATURE <i>Colleen D. Milam</i>	

VS FEB 15 1961

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 Joseph A. [Signature]
Licensed Embalmer No. 4481

P. O. Address Pageville, N.C.

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.