

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-014369**

STATE FILE NUMBER

AMENDED

FILED APR 24 1961

Primary Registration District No. 5667 Registrar's No. 45

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Lincoln</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>MO</b> b. COUNTY<br><b>Warren</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Bedford</b>   |   | Length of stay in 1b<br><b>3 Dys</b>  | c. CITY OR TOWN<br><b>Wright City</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br><b>Lincoln Co Memorial Hosp</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS<br>(If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Ulyses Douglas</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>April 13 1961</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12/25/79</b>  |
| 9. AGE (last birthday)<br><b>81</b>  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Farm</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Ray Co MO</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>  |   | 13a. FATHER'S NAME<br><b>Alexander Douglas</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Emily Johnson</b>  |
| 13c. NAME OF HUSBAND OR WIFE<br><b>Josie Douglas</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>                                    | 16. SOCIAL SECURITY NO.<br><b>NO</b>   |
| 17. INFORMANT<br><b>Josie Douglas Wright City MO</b>   |   | 17. ADDRESS   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Medullary Failure</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypoxia</b><br>DUE TO (c) <b>cardiac decompensation</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week 6 mos.</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour 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 <b>4/10/61</b> to <b>4/13/61</b> and last saw him alive on <b>4/13/61</b><br>Death occurred at <b>4:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><b>Reblackwell J.D.</b><br>(Degree or title)   |   | 22b. ADDRESS<br><b>TROY MO</b>  | 22c. DATE SIGNED<br><b>4/13/61</b><br>(State)  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>4/15/61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Wright City Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Wright City MO</b>   |
| 24. FUNERAL DIRECTOR<br><b>Nieburg Furn &amp; Und CO Wright City</b>   |   | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>4-18-1961</b>   |
|  |   | 26. REGISTRAR'S SIGNATURE<br><b>Charlotte Leek</b>  |  |

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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 Julius J. Neuberg

Licensed Embalmer No. 3366

P. O. Address Wright City

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.