MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1961

-61-035610
STATE FILE NUMBER

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan
Length of stay in 1b: 11 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Co Memorial Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Laredo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS ✓ (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: Loretta Last: Douglas
4. DATE OF DEATH Month: October Day: 3 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/30/1890
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months 10 Days 3
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Grundy County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Frank Ross
13b. MOTHER'S MAIDEN NAME: Helena Patton
14. NAME OF HUSBAND OR WIFE: Clyde Douglas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Clyde Douglas Address: Laredo Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Vascular accident + arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Glomerulonephritis Myocarditis — 8-10 yrs
DUE TO (c): Hypertension + diabetes mellitus — 10-15
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A.W. Eitel (Degree or title) MD
22b. ADDRESS: Galt Missouri
22c. DATE SIGNED: 10-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/5/1961
23c. NAME OF CEMETERY OR CREMATORY: Rural Dale Cemetery
23d. LOCATION (City, town, or county) (State): Trenton Mo
24. FUNERAL DIRECTOR: E.J. Robertson Funeral Home ADDRESS: Laredo Mo
25. DATE RECD. BY LOCAL REG.: 10-6-61
26. REGISTRAR'S SIGNATURE: Mrs. M.W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.