

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005583

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 212

FILED FEB 26 1962

1. PLACE OF DEATH
 a. COUNTY *Buchanan*
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *St. Joseph, Mo.*
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *State Hospital No. 2*

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE *Missouri* b. COUNTY *Darves*
 c. CITY OR TOWN *Pattonoburg*
 d. STREET ADDRESS (If outside, give location)
 Length of stay in lb *since 8-3-1961*
 Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
GEORGE C. DOUGALL
 4. DATE OF DEATH Month Day Year
2 - 19 - 1962

5. SEX *Male* 6. COLOR OR RACE *White* 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH *9-18-1879* 9. AGE (last birthday) *91*
 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) *Coal Miner*
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) *ENGLAND*
 12. CITIZEN OF WHAT COUNTRY *U.S.A.*

13a. FATHER'S NAME *John Dougall* 13b. MOTHER'S MAIDEN NAME *Ann Blackburn* 14. NAME OF HUSBAND OR WIFE *Deceased*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *no*
 16. SOCIAL SECURITY NO. *Unknown* 17. INFORMANT Address *Hospital Records State Hospital No. 2*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Bronchopneumonia*
 DUE TO (b) *Arteriosclerotic Heart Disease*
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Associated with Senile Brain Disease*
 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 *2-18-1962* to *2-19-1962* and last saw her/him alive on *2-18-1962*
 Death occurred at *3:00* a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Wanson Peter MD.* 22b. ADDRESS *3400 Julia Ave, St. Joseph, Mo* 22c. DATE SIGNED *2-19-1962*

23a. BURIAL, CREMATION, REMOVAL (Specify) *buried* 23b. DATE *2/22/62* 23c. NAME OF CEMETERY OR CREMATION *Albia* 23d. LOCATION (City, town, or county) (State) *Albia Iowa.*

24. FUNERAL DIRECTOR ADDRESS *H. Roberson Pattonoburg Mo* 25. DATE RECD. BY LOCAL REG. *Feb. 19, 1962* 26. REGISTRAR'S SIGNATURE *Mrs. Clark Goodell*

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 M.B. FETTER, M.D. MEDICAL CERTIFICATION
 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 Harvey A. Robinson

Licensed Embalmer No. 3075

P. O. Address Faltonburg, Mo

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.