

MISSOURI DIVISION OF HEALTH - STANDARD STATEMENT OF DEATH

Dr. J. Williams

Registration District No. 128 Primary Registration District No. 2001 Registrar's No. 523 STATE FILE NUMBER -62-010482

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 9 1962

VS 300 Rev. 4/59

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20397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 37 YRS.	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 934 S. NEW			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 934 S. NEW	
3. NAME OF DECEASED (Type or print) First ALTHEA Middle DOUGLAS Last DOUGLAS			4. DATE OF DEATH Month MARCH Day 30 Year 1962		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/10/67	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FINDLEY, OHIO		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ELEMER J. HOGE		13b. MOTHER'S MAIDEN NAME AMANDA SWITZER		14. NAME OF HUSBAND OR WIFE CHAS. B. DOUGLAS (DEC)	
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. NO	17. INFORMANT Address MRS. RUBY CROW, SPRINGFIELD, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerosis - generalized					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Decubitus ulcers.				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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 .a.m. p.m.	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 March 12, 62 to March 30, 62 and last saw her/him alive on March 12, 62 Death occurred at 1:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John W. Williams, M.D.</i>			22b. ADDRESS <i>Springfield, Mo</i>		22c. DATE SIGNED <i>3/30/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/2/62	23c. NAME OF CEMETERY OR CREMATORY SHAWNEE CEMETERY		23d. LOCATION (City, town, or county) SHAWNEE, KANSAS	
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.			25. DATE RECD. BY LOCAL REG. 4-2-62	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>	

John W. Williams, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

Permit received 3-30-65

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 R. L. McCann

Licensed Embalmer No. 2727

P. O. Address Spfld 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.