

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19978**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4217** Registrar's No. **81**

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Urich (Turn)</b>   |                               | c. LENGTH OF STAY (in this place) <b>Life</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2nd House E. of Baptist Church</b>  |                               | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Urich</b>   |  |
| 3. NAME OF DECEASED (Type or Print) <b>Florence Douglas</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>(Same as 1.d)</b>  |  |
| a. (First)   | b. (Middle)                   | c. (Last)   | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1951</b>  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>March 14, 1880</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>   | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>71</b> Days <b>2</b> IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b> |
| 11a. BIRTHPLACE (State or foreign country) <b>Urich, Missouri</b>  |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>John Helm</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Anna Workman</b>   |  |
| 14. NAME OF HUSBAND OR WIFE <b>Henry Allen Douglas</b>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>  |  |
| 16. SOCIAL SECURITY NO. <b>none</b>  |                               | 17. INFORMANT'S SIGNATURE AND ADDRESS <b>Mr. Henry Allen Douglas, Urich, Mo.</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Asthma</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. _____ |  |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____   |                               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Urich, Missouri</b>  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR? _____   |                               | 22. I hereby certify that I attended the deceased from <b>Jan 25, 1951</b> , to <b>June 11, 1951</b> , that I last saw the deceased alive on <b>June 11, 1951</b> , and that death occurred at <b>4:30 Am.</b> , from the causes and on the date stated above.  |  |
| 23a. SIGNATURE <b>J. W. Galbreath, M.D.</b> (Degree or title)  |                               | 23b. ADDRESS <b>Urich, Mo.</b>  |  |
| 23c. DATE SIGNED <b>June 12 1951</b>   |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  |
| 24b. DATE <b>June 14, 1951</b>   |                               | 24c. NAME OF CEMETERY OR CREMATORY <b>Urich Cemetery</b>  |  |
| 24d. LOCATION (City, town, or county) (State) <b>Urich, Missouri</b>   |                               | 25. FEDERAL DIRECTOR'S SIGNATURE <b>Fred E. Telles</b> ADDRESS <b>Clinton, Mo.</b>  |  |
| DATE REC'D BY LOCAL REG. <b>June 14-51</b>   |                               | REGISTRAR'S SIGNATURE <b>Florence Adams</b> ADDRESS _____   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**RECEIVED** 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-19-51

**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 \_\_\_\_\_  
Student Embalmer

Signed *[Handwritten Signature]*  
Licensed Embalmer No. 4570

P. O. Address *[Handwritten Address]*

**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 this body is not embalmed, fact should be so stated above.