

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4500**

State File No. ....

**FILED FEB 20 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 104

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Henry</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Henry</u>
c. LENGTH OF STAY (In this place) <u>3 Mo.s</u>		c. CITY OR TOWN <u>Urich</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Convalescent Home</u>		e. STREET ADDRESS (If rural, give location) <u>NONE</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>William</u>	b. (Middle) <u>Clinton</u>	c. (Last) <u>Douglas</u>	(Month) <u>Feb.</u>	(Day) <u>10</u>	(Year) <u>1956</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>MAY 1, 1876</u>		<b>9. AGE</b> (In years last birthday) <u>79</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Barber</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Nianga, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>

<b>13a. FATHER'S NAME</b> <u>Thomas Douglas</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Holsey</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Una Douglas</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Una Douglas</u>
		<b>ADDRESS</b> <u>Urich, Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of Stomach</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 1/2 mths</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>151X</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from March 1, 1955, to Feb 9, 1956, that I last saw the deceased alive on Feb 9, 1956, and that death occurred at 5:20 P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>James Smith MD</u>	<b>23b. ADDRESS</b> <u>106 S. Third Clinton, Mo</u>	<b>23c. DATE SIGNED</b> <u>2/13/56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Feb. 12, 1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hickory Grove</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Henry Co. Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2-13-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>F. E. Conacher</u>	
		<b>ADDRESS</b> <u>Clinton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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 *Eugene R. Comalus* .....

Licensed Embalmer No. *46* .....

P. O. Address *Clinton, N.Y.* .....

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.