

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0001727

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4217 Registrar's No. 339

FILED JAN 15 1968

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

| | |
|----|-------|
| 1 | 0 |
| 2 | 58 |
| 3 | |
| 4 | 0 |
| 5 | 0 |
| 6 | 67963 |
| 7 | |
| 8 | 9 |
| 9 | |
| 10 | |
| 11 | 3 |
| 12 | |
| 13 | 1-0 |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Urich | | c. CITY OR TOWN Urich | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | d. STREET ADDRESS (If outside, give location) 108 West 5th | |
| 3. NAME OF DECEASED (Type or print) First Clyde Middle Kenneth Last Douglas | | 4. DATE OF DEATH Month 1 Day 7 Year 68 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-3-1909 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinest | | 10b. KIND OF BUSINESS OR INDUSTRY Aero Craft | 11. BIRTHPLACE (City and state or country) Urich, Mo. |
| 13a. FATHER'S NAME William C. Douglas | | 13b. MOTHER'S MAIDEN NAME Una Ridge | 14. NAME OF HUSBAND OR WIFE Never married |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) yes W.W.2 | | 16. SOCIAL SECURITY NO. 487-12-8670 | 17. INFORMANT Calbert Douglas, Urich, 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) Unknown Natural Causes - Internal | | | 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) | | | 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. | Month, Day, Year _____ | | |
| 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 unattended and last saw her alive on _____ Death occurred at unknown on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 21a. SIGNATURE (Degree or title) Richard A. King M.D. | | 22b. ADDRESS Henry County 1065. 3rd Clinton Mo | 22c. DATE SIGNED 1-11-68 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DAY 1-14-68 | 23c. NAME OF CEMETERY OR CREMATORY Hickory Grove | 23d. LOCATION (City, town, or county) (State) Urich, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Snow's Funeral Home, Urich, Mo. | | 25. DATE RECD. BY LOCAL REG. Jan 12, 1968 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |

USE BLACK INK OR TYPEWRITER RIBBON

JAN 19 1968

JAN 19 1968

JAN 19 1968

JAN 19 1968

JAN 19 1968

JAN 19 1968

9-31-68

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 Merle D Snow

Licensed Embalmer No. 4034

P. O. Address Urichy 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.

Permit obtained 1-12-68
MB