

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20800**

FILED JUL 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>4333</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY MONITEAU COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARKSBURG, MO.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARKSBURG		<u>1687</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) No tree - add			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EDWARD c. (Last) DOUGLASS			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1951				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 4, 1867		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BUTLER COUNTY, PENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NEWTON DOUGLASS			13b. MOTHER'S MAIDEN NAME ANNA KELLY		14. NAME OF HUSBAND OR WIFE MARY WINBRENNER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME HILTON DOUGLASS, CLARKSBURG, MO. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Generalized arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 years 15 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Aug 3, 1948</u> , to <u>June 30, 1951</u> , that I last saw the deceased alive on <u>June 30, 1951</u> , and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Raymond Jathan M.D. (Degree or title)				23b. ADDRESS California, Mo.		23c. DATE SIGNED 7-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/2/51	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETRY		24d. LOCATION (City, town, or county) (State) CLARKSBURG, MONITEAU, MO.		
DATE REC'D BY LOCAL REG. 7-3-51		REGISTRAR'S SIGNATURE W.R. Pappas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, CALIFORNIA, MO.			

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

1680

RECEIVED 7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-9-51

AUG 4 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. E. Friedman

Signed.....
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California

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.