

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35731**

FILED NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **4323** Registrar's No. **73**

1. PLACE OF DEATH
a. CITY **Moniteau Co**

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 Moreau** c. LENGTH OF STAY (in this place) **25 Yrs**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clarksburg, Mo Moreau** d. STREET ADDRESS (If rural, give location) **Gen Del Clarksburg, Mo**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Clarksburg, Mo Gen Del**

3. NAME OF DECEASED
a. (First) **Permelia** b. (Middle) **Jane** c. (Last) **Douglas**

4. DATE OF DEATH (Month) (Day) (Year) **Nov 7, 1952**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.** (Specify) **Widowed** **8. DATE OF BIRTH** **July 31 1878** **9. AGE** (In years last birthday) **74** **# UNDER 1 YEAR** **3** **MONTHS** **7** **DAYS** **IF UNDER 12 HRS** **0** **MIN.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Wife** **10b. KIND OF BUSINESS OR INDUSTRY** **Own Home** **11. BIRTHPLACE** (City and State or Foreign Country) **Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U. S. A.**

13a. FATHER'S NAME **James W. Vaughn** **13b. MOTHER'S MAIDEN NAME** **Little A. Birdson** **14. NAME OF HUSBAND OR WIFE** **Deceased**

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.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Leve Brown 4421 Blair Ave. - 740** **ADDRESS**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Metastatic Carcinoma**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **DUE TO (b) Carcinoma of Colon**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **153X** **20. AUTOPSY?** YES NO

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)** **Clarksburg Moniteau Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Aug. 2, 1940, to Nov. 1, 1952, that I last saw the deceased alive on Nov. 1, 1952, and that death occurred at 9:50 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED** **11/3/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION** (City, town, or county) (State) **Burial 11/4/52 Masonic Cemetery Clarksburg, Mo**

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**
11/4/52 N L Popy of LR Earl Douglas, California

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

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 Earl Rossini

Licensed Embalmer No. 2126

P. O. Address California

Notes: 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.