

S. No. 300  
v. 10.48

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33024**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1170

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>30 minutes</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Maitland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS <u>/</u>	

3. NAME OF DECEASED (Type or Print), <u>Mabel</u>	a. (First)	b. (Middle)	c. (Last) <u>Douglas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 22, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>September 15, 1897</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>Librarian</u>	10b. KIND OF BUSINESS OR-INDUSTRY <u>In Library</u>	11. BIRTHPLACE (State or foreign country) <u>Near Falls City, Neb.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Gaskell</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Leonidas Douglas</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernie Douglas - Maitland, Mo.</u>	ADDRESS <u>Maitland, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of albertus c metastases</u>		<u>174X</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydro-hemo-Thorax</u>		<u>2 wks.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-22, 1949, to 10-22, 1949, that I last saw the deceased alive on 10-22, 1949 and that death occurred at 3:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Barte</u>	(Degree or title) <u>D. M.D.</u>	23b. ADDRESS <u>706 Francis St. Joseph, Mo.</u>	23c. DATE SIGNED <u>10-24-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial &amp; Removal</u>	24b. DATE <u>Oct. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>English Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Near Fairfax, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 26, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Scholer - Craig, Mo.</u>	ADDRESS <u>Craig, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed *Wilber L. Schooler*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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 this body is not embalmed, fact should be so stated above.