

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12788

0460

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

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5551		Registrar's No. 88	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)			
a. COUNTY <i>Howe</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>West Plains</i>		c. LENGTH OF STAY (in this place) <i>70 yrs</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Howe</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>West Plains</i>		d. STREET ADDRESS <i>Jeho Rt</i>		0460	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
<i>Lyrena Elizabeth Douglas</i>			<i>3-20-50</i>				
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>no</i>	8. DATE OF BIRTH <i>4-6-1879</i>	9. AGE (In years last birthday) <i>70</i>	10. MONTH <i>11</i>	11. DAY <i>14</i>	12. HOUR <i>14</i> MIN. <i>14</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Howe Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Oat Matney</i>		13b. MOTHER'S MAIDEN NAME <i>Lucinda Arvin</i>		13c. NAME OF HUSBAND OR WIFE <i>J. H. Douglas</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT'S SIGNATURE OR NAME <i>J. H. Douglas, West Plains Mo</i> ADDRESS <i>West Plains Mo</i>			
18. CAUSE OF DEATH			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Flu</i>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				
			Morbidity 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.			481X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>3:55 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>E. E. ... M.D.</i> (Degree or title)				23b. ADDRESS <i>West Plains Mo</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>3-23-50</i>		24c. NAME OF CEMETERY OR-CREMATORY <i>Quart Union</i>		24d. LOCATION (City, town, or county) (State) <i>West Plains Mo</i>	
DATE REC'D BY LOCAL REG. <i>4-24/50</i>		REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robertson</i> ADDRESS <i>West Plains, Mo</i>			

RECEIVED 5-1-50

District Health Officer No. 8,

District File Number 5-50259

Date Filed 5-2-50

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 *D. D. Robertson*

Licensed Embalmer No. 3437

P. O. Address *West Plains, 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.