

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25984**

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 60

0061
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LAMAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LAMAR</u> <u>0061</u>	
c. LENGTH OF STAY (in this place) <u>73 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>802 BROADWAY</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Evalyn</u> c. (Last) <u>DOUGLAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 16, 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>Feb 22 1887</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Barton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Wm. H. Lang</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy E. Cummins</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD DOUGLAS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L.S. Douglas</u>			ADDRESS <u>Lamar 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>June 19, 1950</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Arterial Hypertension, severe</u>				Since <u>1946</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Diabetes mellitus</u>				<u>33 1/2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Irido-cyclitis - left eye.</u>				<u>2 1/2 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Sept 1946, to 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jean T. Buckel M.D.</u>		23b. ADDRESS <u>Lamar, Missouri</u>		23c. DATE SIGNED <u>8-18-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>AUG 18 1950</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		FUNERAL DIRECTOR'S SIGNATURE <u>14 Konantz Funeral Home</u>		ADDRESS <u>Lamar</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 21 1950

Dist. File 850-1002

Date Filed 8-22-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank W. Denton

Signed.....

Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.