

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36844**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5573** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give OR township) Rural - Leesville <i>Temp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Leesville <i>0420</i>	
c. LENGTH OF STAY (in this place) 11 months		d. STREET ADDRESS (If rural, give location) North of Shady Grove School	
d. FULL NAME OF HOSPITAL OR INSTITUTION North of Shady Grove School			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) K.	c. (Last) Douglas	4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 10 1853	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months 3 Days 6	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Clinton	13b. MOTHER'S MAIDEN NAME Martha Jane Warden	14. NAME OF HUSBAND OR WIFE Deceased
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Snell Crews	ADDRESS Rt. #2 Clinton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serulity		
	ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7/4 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 **1945**, 19___, to **11/16**, 19**50**, that I last saw the deceased alive on **10/15**, 19**50**, and that death occurred at **7:00 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Orvell	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 11/16/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 17 1950	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	24d. LOCATION (City, town, or county) (State): Henry County, Missouri
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DATE REC'D BY LOCAL REG. Nov-17-50	REGISTRAR'S SIGNATURE Flora Adair <i>422</i>	25. FUNERAL DIRECTOR'S SIGNATURE Edith J. Clinton	ADDRESS Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11.20.50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

DATE _____ 11.20.50

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 _____

Licensed Embalmer No. 4510

P. O. Address _____
Charters, W.

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.