

No. 300
10. 48

0351

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7966

FILED MAR 20 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Malden</u>		c. CITY OR TOWN <u>Malden</u> <u>0351</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>308 N Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joan</u>	b. (Middle) <u>Calvin</u>	c. (Last) <u>Douglas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1888-Aug-20th</u>	9. AGE (In years last birthday) <u>62-6-6</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Yard Man - Cotton Belt</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Filled Switch DUSTRY</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Logan Calvin Douglas</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lige Ann 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) _____	16. SOCIAL SECURITY NO. <u>703-01-3648</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lige Ann Douglas</u> ADDRESS <u>308 N Clinton</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental means via</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8:02</u> <u>35</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>body was overrun by</u>		
	DUE TO (c) <u>the wheels of a train operated by Cotton Belt RR</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in Malden, Mo. 135</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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Shops - RR</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Malden Dunklin MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Feb-26-1951 6:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter C. Harker</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Car Kennel mo</u>	23c. DATE SIGNED <u>3-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hi Way Nat'l of Malden MO</u>
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DATE REC'D BY LOCAL REG. <u>3/7/51</u>	REGISTRAR'S SIGNATURE <u>J. G. Schauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thrift Funeral Home (G.T.E.K.) Malden mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

that the accident happened at "6:30" PM

1951
APR 29 3 57 PM '51

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-12-51
COUNTY FILE NUMBER 351-64

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Malden, Me.

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.