

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32462

FILED NOV 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 164

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Audrain   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Audrain |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Mexico |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Mexico                                       |  |
| c. LENGTH OF STAY (in this place)<br>12 days   |  | 043  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Audrain Hospital                            |  | d. STREET ADDRESS (If rural, give location)<br>624 N. Western  |  |

|  |                |                   |  |
|--|----------------|-------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) WALTER | b. (Middle) B. | c. (Last) DOUGLAS | 4. DATE OF DEATH (Month) (Day) (Year)<br>Oct. 27, 1951 |
|--|----------------|-------------------|--|

|                |                           |   |                                   |  |
|----------------|---------------------------|---|-----------------------------------|--|
| 5. SEX<br>Male | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed | 8. DATE OF BIRTH<br>Aug. 19, 1871 | 9. AGE (In years) (Month) (Day) (Year)<br>80 |
|----------------|---------------------------|---|-----------------------------------|--|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer | 10b. KIND OF BUSINESS OR INDUSTRY<br>Farming | 11. BIRTHPLACE (State or foreign country)<br>Audrain County, Mo. | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
|---|--|--|--|

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME<br>William A. Douglas | 13b. MOTHER'S MAIDEN NAME<br>Julia Ann Romans | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|   |                                 |   |         |
|---|---------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br>No | 16. SOCIAL SECURITY NO.<br>None | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs. Harold Mechlin, Mexico, Mo. | ADDRESS |
|---|---------------------------------|---|---------|

|   |  |        |  |
|---|--|--------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>10 years |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Chronic degenerative myocarditis  |        |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) heart acute fulminating coronary and cerebral infarction |        |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>DUE TO (c) Degenerated atherosclerosis with right bundle branch block.                   |  | 1 year |  |

|                                |  |   |
|--------------------------------|--|---|
| 19a. DATE OF OPERATION<br>None | 19b. MAJOR FINDINGS OF OPERATION<br>None | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--------------------------------|--|---|

|   |   |  |
|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>X | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>X | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>X |
|---|---|--|

|   |  |                                 |
|---|--|---------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.<br>X | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br>X |
|---|--|---------------------------------|

22. I hereby certify that I attended the deceased from Aug 1951, to Oct 27, 1951, that I last saw the deceased alive on Sep 27, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

|   |                   |                             |                              |
|---|-------------------|-----------------------------|------------------------------|
| 23a. SIGNATURE<br>Harry J. O'Brien M.D. | (Degree or title) | 23b. ADDRESS<br>Mexico, Mo. | 23c. DATE SIGNED<br>10-29-51 |
|---|-------------------|-----------------------------|------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>Oct. 29, 51 | 24c. NAME OF CEMETERY OR CREMATORY<br>Liberty Cemetery | 24d. LOCATION (City, town, or county) (State)<br>Callaway County, Mo. |
|---|--------------------------|--|---|

|  |  |   |                        |
|--|--|---|------------------------|
| DATE REC'D BY LOCAL REG<br>Oct 29 1951 | REGISTRAR'S SIGNATURE<br>Blanche Keely | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Earl E. Ouellet | ADDRESS<br>Mexico, Mo. |
|--|--|---|------------------------|

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

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Date Received: NOV 6 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-1979  
Date Filed: NOV 8 1951

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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 \_\_\_\_\_

*Earl E. Prunk*

Signed.....

Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.