

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1871

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 7

|   |   |  |      |
|---|---|--|------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Lawrence</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Lawrence</b> |      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Aurora</b> | c. LENGTH OF STAY (In this place)<br><b>8 yr.</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Aurora</b>  | 0551 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>East Crescent</b>                                     |   | d. STREET ADDRESS (If rural, give location)<br><b>East Crescent</b>  |      |

|   |                               |  |   |   |  |   |
|---|-------------------------------|--|---|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Eunice Douthitt</b>  |                               |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>January 25, 1952</b> |   |  |   |
| 5. SEX<br><b>F.</b>   | 6. COLOR OR RACE<br><b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Sept. 11, 1896</b>                           | 9. AGE (In years last birthday)<br><b>55</b>                        | IF UNDER 1 YEAR<br>Months<br><b>55</b> | IF UNDER 12 HRS.<br>Hours<br><b>55</b>        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>                         |   | 11. BIRTHPLACE (State or foreign country)<br><b>Miami, Oklahoma</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME<br><b>George Steele</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Martin</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Bruce Douthitt</b>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b> |  | 16. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>         |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Tim Merritt, Ulyssis, Kansas</b> |  |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Rt. Sided Heart Failure</b> |  |                                  |  |
|  |  | DUE TO (c) <b>Hypertension</b>   |  |                                  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Obesity</b>              |  |                                  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>444 X</b>   |  | 20. AUTOPSY?<br>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) |  | 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 **Aug 1, 1951**, to **Jan 25, 1952**, that I last saw the deceased alive on **Jan 23, 1952**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

|  |  |                                    |  |  |  |
|--|--|------------------------------------|--|--|--|
| 23a. SIGNATURE<br><b>F. Avery Watson, M.D.</b>             |  | 23b. ADDRESS<br><b>Verona, Mo.</b> |  | 23c. DATE SIGNED<br><b>Jan. 27 '52</b>                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>Jan. 27</b>        |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Park Cemetery</b>         |  |
|  |  |                                    |  | 24d. LOCATION (City, town, or county) (State)<br><b>Aurora, Missouri</b> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG.<br><b>Jan. 27, 1952</b> |  | REGISTRAR'S SIGNATURE<br><b>Oral McNamee 157</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>William Wood Aurora, Mo.</b> |  |
|--|--|--|--|---|--|

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*James D. Crafton*

Licensed Embalmer No. *4668*

P. O. Address *Aurora, 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.