

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38247

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>309</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone - 3 Indians - Ave. Columbia Mo</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) <u>1 yr.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Indiana Ave</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> d. STREET ADDRESS (If rural, give location) <u>3 Indiana Ave</u>			
3. NAME OF DECEASED a. (First) <u>Ada</u> b. (Middle) <u>2</u> c. (Last) <u>Douglas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-53</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		9. AGE (in years last birthday) <u>75</u> If UNDER 1 YEAR: Months <u>3</u> Days <u>12</u> If UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Landy Turner</u>			13b. MOTHER'S MAIDEN NAME <u>Harriette Turner</u>		14. NAME OF HUSBAND OR WIFE <u>William Douglas</u>		
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oantha Draves 3 Indians Ave.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypertension, severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>nephritis, chronic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>				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)		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 <u>Jan</u> , 1951, to <u>Nov 27, 1953</u> , that I last saw the deceased alive on <u>2 Oct 24, 1953</u> and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James M. Baker MD</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>Nov 27, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>11-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 30 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmere 310</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.C. Freeman 608 Park Ave. Columbia</u>			

(Licensed Embalmer's Statement on Reverse Side)

Pnd.

4-3-84

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 me

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

working under my personal supervision.

Student .....

Student Embalmer

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.