

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18344

State File No.

25-0
1

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

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5294</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Clinton (Clinton Township)</u>				a. STATE <u>MO</u>		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>LATHROP (RURAL)</u>		c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		c. CITY OR TOWN <u>LATHROP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>Clinton Township 0250</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>DORSEY</u>			b. (Middle) <u>DOUGLASS</u>			c. (Last) <u>FAGIN</u>	
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			8. DATE OF BIRTH <u>MAY 23, 1975</u>	
9. AGE (In years last birthday) <u>79</u>			10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>LATHROP, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>JOHN W. DOUGLASS</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN E. COOPER</u>	
14. NAME OF HUSBAND OR WIFE <u>ALBERT C. FAGIN</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Douglas Fagin Lathrop, Mo.</u>			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leponary Thrombosis</u>			II. OTHER SIGNIFICANT CONDITIONS <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____	
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>6-6</u> , 19 <u>54</u> , to <u>6-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>54</u> , and that death occurred at <u>12 noon</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Geo. B. Porter M.D.</u>			23b. ADDRESS <u>Lathrop Mo</u>			23c. DATE SIGNED <u>6-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>6-13-54</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo.</u>			DATE REC'D BY LOCAL REG. <u>June 14, 1954</u>			REGISTRAR'S SIGNATURE <u>Elizabeth Leavelle De Mass</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cameron, Mo</u>			ADDRESS _____				

JUL 11 1956

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.....
Signature of Student Embalmer

Signed *Harold L. Walker*

Licensed Embalmer No. *458*

P. O. Address *Pachop, ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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