

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33824

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 86

5500  
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Joachim</u>	c. LENGTH OF STAY (in this place) <u>3 years</u>	c. CITY OR TOWN <u>Herculaneum</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 <u>Mtn. View Convalescent Home</u>		e. STREET ADDRESS (If rural, give location) <u>63 School Street</u>	

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3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leonard</u>	b. (Middle) <u>Theodore</u>	c. (Last) <u>Douglas, Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18 1955</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>Widowed</u>	8. DATE OF BIRTH <u>Jan 25, 1888</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months: _____ Days: _____	IF UNDER 12 HRS. Hours: _____ Min: _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead worker (Ret)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Industry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Doe Run, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Henry Douglas</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>Edith LeGrande</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-07-5482</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Douglas, Jr., Herculaneum, Mo.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Worse 48 hrs chronic for years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular dis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4221</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1953, to October, 1955, that I last saw the deceased alive on Oct 17, 1955, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D. J. D. ...</u>	23b. ADDRESS <u>Crystal City, Mo.</u>	23c. DATE SIGNED <u>10-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum, Mo. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Herculaneum Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-21-55</u>	REGISTRAR'S SIGNATURE <u>J. G. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vinyard Funeral Homes, Inc., Festus, M.</u>	ADDRESS
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
OCT 26 1955

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 *Donald A. King*

Licensed Embalmer No. *46*  
P. O. Address *Festa, Va*

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.