

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15495**

FILED JUN 15 1956

BIRTH NO.		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 4024	Registrar's No. 38
1. PLACE OF DEATH a. COUNTY Barry 0050		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry 0050		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville 0		c. LENGTH OF STAY (in this place) 6 das.	c. CITY OR TOWN Cassville	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 Community Hospital		e. STREET ADDRESS (If rural, give location) Route #1		
3. NAME OF DECEASED (Type or Print) CORA		a. (First)	b. (Middle)	c. (Last) DOUTHITT
4. DATE OF DEATH MAY 30, 1956				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 29, 1884	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Stephen Abram		13b. MOTHER'S MAIDEN NAME Eleanor Alburty	14. NAME OF HUSBAND OR WIFE J. K. Douthitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME J. K. Douthitt-Cassville, Missouri ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Essential Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 7 days 2 yrs
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) (Minute)	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 Jan , 19 50 , to May , 19 56 , that I last saw the deceased alive on May 29, 1956 , and that death occurred at 3:44 m., from the causes and on the date stated above.				
23a. SIGNATURE D. Williams (In green or title)		23b. ADDRESS Do 2 Cassville Mo	23c. DATE SIGNED 6/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-1-1956	24c. NAME OF CEMETERY OR CREMATORY Russell Cemetery	24d. LOCATION (City, town, or county) (State) Barry County, Missouri	
DATE REC'D BY LOCAL REG. 6-7-'56	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Culver - Cassville ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 655-98

DATE REC. 6-14-56

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 *Margaret C. Herber*.....

Licensed Embalmer No. 43

P. O. Address Cassville

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.