

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19545

State File No.

31

5106

9

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY BENTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BENTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL EAST COHE Twp				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL EAST COHE Twp			
c. LENGTH OF STAY (In this place) 15 YRS				d. STREET ADDRESS (If rural, give location) 14 MILES S.E. OF STOVER			
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION 14 MILES S.E. OF STOVER				d. STREET ADDRESS (If rural, give location) 14 MILES S.E. OF STOVER			
3. NAME OF DECEASED (Type or Print) a. (First) MAMIE b. (Middle) MARIE c. (Last) DOUGLAS			4. DATE OF DEATH (Month) (Day) (Year) JUNE 7 1956				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 6		8. DATE OF BIRTH JAN. 11, 1909	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY FARM		9. AGE (In years last birthday) 47 if UNDER 1 YEAR: Months 4 Days 26		11. BIRTHPLACE (State or foreign country) COMMERCE MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME THOMAS DITTERLINE		13b. MOTHER'S MAIDEN NAME MARY TRIPLETT		14. NAME OF HUSBAND OR WIFE LARUE DOUGLAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LARUE DOUGLAS ADDRESS STOVER MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alto Plasmoma Multiforme INTERVAL BETWEEN ONSET AND DEATH 3 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 193x			
19a. DATE OF OPERATION 4-5-56		19b. MAJOR FINDINGS OF OPERATION 1 cm x 5:2 red vascular tumor in post. mid-frontal region				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) (Min.)		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 3-20-56 19, to 6-7-56 19, that I last saw the deceased alive on 6-3-56 , 19, and that death occurred at 8:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray Lyle, M.D.				23b. ADDRESS Versailles, Mo		23c. DATE SIGNED 6-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 10 1956		24c. NAME OF CEMETERY OR CREMATORY STOVER CEMETRY		24d. LOCATION (City, town, or county) (State) STOVER MO	
DATE REC'D BY LOCAL REG. June 9 1956		REGISTRAR'S SIGNATURE E. L. Eichhoff		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stevinson		ADDRESS Stover Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 9 1958

JAN 2 1958

OCT 17 1951

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

J. H. Stevenson

Licensed Embalmer No. *4073*

P. O. Address *Stover 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.