

FILED JUL 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20353**

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>West Plains,</u> township)		c. LENGTH OF STAY (in this place) <u>4 da.</u>		c. CITY OR TOWN <u>Pottersville,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan</u>				e. STREET ADDRESS (If rural, give location) <u>x</u> <u>x 0460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Percy Douglas,</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-56</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, <u>WIDORCED</u> (Specify)	8. DATE OF BIRTH <u>7-22-1892</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flat River, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Nathaniel Douglas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle A. Douglas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>x</u> (If yes, give war or dates of service) <u>x</u>		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Douglas, Pottersville, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Due to (b) Hypertension</u> <u>Due to (c) Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Chronic myocarditis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 yrs.</u> <u>5 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443x		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>6/27/56</u> , 19 <u>56</u> , to <u>7/1/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/1/56</u> , 19 <u>56</u> , and that death occurred at <u>4:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Callihac M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>7-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-4-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-11-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertsons, West Plains, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. Roberts*

Licensed Embalmer No. *34*

P. O. Address *West Hill*

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.