Health, Welfare Public Service

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FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 16360

Registration District No. 46 Primary Registration District No. 4064 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Caldwell	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hamilton — Inside Limits Yes X No ☐	c. CITY OR TOWN Hamilton — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib 53 Yrs.	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Edgar Last Douglas

4. DATE OF DEATH: Month May Day 23 Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept. 27, 1866

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Business Man

10b. KIND OF BUSINESS OR INDUSTRY: Feed

11. BIRTHPLACE (City and state or country): Illinois

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Henry Douglas

14. MOTHER'S MAIDEN NAME: Anna M. Elfe

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.: No

17. INFORMANT: Mrs. Sarah Douglas — Address: Hamilton.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 20, 1957 to 5/22/57 and last saw him alive on 5/22/57
Death occurred at 12:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert R. Barth M D

22b. ADDRESS: Hamilton Mo

22c. DATE SIGNED: 5/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-24-1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~: Highland

23d. LOCATION (City, town, or county): Hamilton, (State) Mo.

24. FUNERAL DIRECTOR: Morris A. Bacon ADDRESS: Hamilton

25. DATE RECD. BY LOCAL REG.: May 25-57

26. REGISTRAR'S SIGNATURE: Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dale A. Oldfie

Licensed Embalmer No. 45

P. O. Address Hamilto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.