

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31182**

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville	c. LENGTH OF STAY (In this place) 10 Yrs.	c. CITY OR TOWN Smithville	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 Smithville Community Hosp.		No. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Jacob	b. (Middle)	c. (Last) Douglas	(Month) Sept.	(Day) 16,	(Year) 1957

5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 19, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 10 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Department Store	11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjiman F. Douglas	13b. MOTHER'S MAIDEN NAME Mary Jane Clark	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. 486-03-4374	17. INFORMANT'S SIGNATURE OR NAME Mrs. Delia Wade	ADDRESS 104 E. 34th Terr. K. C., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident 3 days		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	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. Incarcerated inguinal hernia 5610		

19a. DATE OF OPERATION 9-13-57	19b. MAJOR FINDINGS OF OPERATION Impaction of terminal 2 feet of ileum	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) (Min.)	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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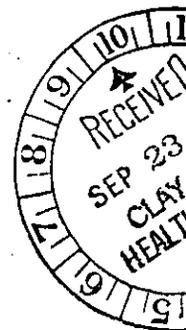
22. I hereby certify that I attended the deceased from 9-12, 1957, to 9-16, 1957, and that death occurred at 11:20 PM m., from the causes and on the date stated above.

23a. SIGNATURE Paul Wescov	(Degree or title)	23b. ADDRESS Smithville, Mo.	23c. DATE SIGNED 9-17-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 18, 57	24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	24d. LOCATION (City, town, or county) (State) Clay County, Missouri
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DATE REC'D BY LOCAL REG. 9-17-57	REGISTRAR'S SIGNATURE Margaret Hudson	25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home	ADDRESS Smithville, Mo.
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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..... *Donald W. Hanks*

Licensed Embalmer No. *452*

P. O. Address *Smithville, 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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.