

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018787

STATE FILE NUMBER

Registration District No. 160

Primary Registration District No. 3029

Registrar's No. 77

DECEASED  
JUN 19 1958

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CRYSTAL CITY</b>		c. CITY OR TOWN <b>CRYSTAL CITY</b> <sup>0501</sup>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>209 Virginia</b>		d. STREET ADDRESS (If outside, give location) <b>209 VIRGINIA</b>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>NAOMI J DOUGLAS</b>			4. DATE OF DEATH Month Day Year <b>5-26-58</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 29, 1910</b> <sup>47</sup>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>	11. BIRTHPLACE (City and state or country) <b>FESTUS, MISSOURI</b> <sup>0</sup>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>DAN LA ROSE</b>		13b. MOTHER'S MAIDEN NAME <b>LENA PFEIL</b>	14. NAME OF HUSBAND OR WIFE <b>LEONARD</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS VALLE CARRON</b>		Address <b>CRYSTAL CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>410X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>6 1/2 years</b> <b>40 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <sup>2</sup>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Aug 1956</u> to <u>May 25, 1958</u> and last saw her <sup>her</sup> alive on <u>May 25, 1958</u> Death occurred at <u>1:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. J. Mayfield, M.D.</b> <sup>0</sup>		22b. ADDRESS <b>Crystal City, Mo</b>	22c. DATE SIGNED <b>5/28/58</b>
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>BURIAL</b>	23b. DATE <b>5-29-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ROSELAWN GARDEN CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY, MO.</b>
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b>		ADDRESS <b>CRYSTAL CITY MO.</b>	25. DATE RECD. BY LOCAL REG. <b>5-29-58</b>
		26. REGISTRAR'S SIGNATURE <b>Gene G. Sigler</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 4 1958

OFFICE

02-30-2

PA. OFF. J. S. HILL

AT THE ...

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TO ...

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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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed *Emory C. Palitte*

Licensed Embalmer No. *348*

P. O. Address *Crystal C.*

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.