

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006256

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 26

FILED MAR 4 1963

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		c. CITY OR TOWN Ironton	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital		d. STREET ADDRESS (If outside, give location) 722 N. Shepherd St.	

3. NAME OF DECEASED (Type or print) First ANNA Middle CHRISTINE Last DOUGLAE			4. DATE OF DEATH Month February Day 22 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4Dec1897	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Huron, S. Dakota	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Christ Madsen		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE John Douglas		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Larry Douglas Address Ironton, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Intestinal Obstruction		4 days
DUE TO (b) Far advanced adeno carcinoma of intestines (inoperable)		5 months
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		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 Iron County, Missouri	
21. I attended the deceased from 10-22-62 to 2-22-63 and last saw the 2-22-63 Death occurred at: 7:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Deputy or title) <i>J. E. Jarland, M.D.</i>		22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 2-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 24 Feb 1963		23c. NAME OF CEMETERY OR CREMATORY Harbison Cemetery	
23d. LOCATION (City, town, or county) Iron County, Missouri		24. FUNERAL DIRECTOR White Funeral Home		25. DATE RECD. BY LOCAL REG. 2-23-63	
26. REGISTRAR'S SIGNATURE <i>Ma Avis Jones</i>					

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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MAR 11 1963

MISSOURI DEPARTMENT OF HEALTH

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 May H. White

Licensed Embalmer No. 5077

Address Ironton, Missouri

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.