

Registration District No. **025**

Primary Registration District No. **3031**

Registrar's No. **141**

1. PLACE OF DEATH:

(a) County **Madison**
 (b) City or town **Stanhurst, MO**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St Thomas Hospital**
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution **8 weeks**
 (Specify whether years, months or days) **1**

3. (a) PRINT FULL NAME **Miss Florence Viola Duley**
 3. (b) If veteran, name war **L**
 3. (c) Social Security No. **28042**

4. Sex **F**
 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Sherron Duley**
 6. (c) Age of husband or wife if alive **48** years
 7. Birth date of deceased **Sept 18 1901**
 (Month) (Day) (Year)

8. AGE: Years **36** Months **0** Days **10**
 If less than one day hr. **1** min.

9. Birthplace **Stanhurst, MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at Home**

12. Name **Granville Lee**

13. Birthplace **MO**
 (City, town, or county) (State or foreign country)

14. Maiden name **Lee**
 15. Birthplace **MO**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Sherron Duley**

(b) Address **Stanhurst, MO**

17. (a) **Funeral** (b) Date thereof **Nov 12 1940**
 (Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanhurst, MO**

18. (a) Signature of funeral director **W. H. Phillips**

(b) Address **Stanhurst, MO**

19. (a) **11/5/40** (b) **W. H. Phillips**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Genney**
 (c) City or town **Stanhurst**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **36** years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **NOV** day **4** P.
 year **1940** hour **12** minute **30** M.

21. I hereby certify that I attended the deceased from **Sept 1**
1940 to **Nov 4** 19**40**
 and that death occurred on the date and hour stated above.
 I last saw her alive on **Nov 4** 19**40**

Immediate cause of death **Staphylococci**
Septicemia

Due to **Staphylococci Septicemia**

Other conditions **Auto Endocarditis**
 (Include pregnancy within 3 months of death)

Major findings: **Of operations**

Of autopsy **✓**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**

(b) Date of occurrence **✓**

(c) Where did injury occur? **✓**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FFD
 While at work? (Specify type of place) (e) Means of injury

23. Signature **E. E. Simpson** (M. D. or other)
 Address **Stanhurst, MO** Date signed **11-5-40**

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

4
7
2

1150 DEC 21 1940

912

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 _____

_____, Registered Apprentice No. _____

~~working under my personal supervision~~

Signed Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonbury 7

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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39376

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 6205

Primary Registration District No. 3031

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Marionville
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) ~~PRINT FULL NAME~~ Mrs Florence Viola Duley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 1 16 hr. min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4 year 1976 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Staphylococci
Septicemia
Due to severe pyoderma
co primary focus

Other conditions acute Endocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

100-10000

S-39376 1940.