

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3735

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbina</u>	c. LENGTH OF STAY (in this place) <u>9 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>HUNNEWELL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thurman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cyrus</u> b. (Middle) c. (Last) <u>Duke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>1</u> <u>1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-13-1860</u>	9. AGE (In years last birthday) <u>88</u> if UNDER 1 YEAR Months <u>5</u> Days <u>18</u> if UNDER 24 HRS. Hours <u>18</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sawyer &amp; Thresher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber &amp; Farming</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Duke</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Hendrickson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Larry Taylor</u>	ADDRESS <u>Shelby, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		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. <u>Previous attack of cerebral apoplexy</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shelbina</u> <u>SHELBY</u> <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 26, 1949, to FEB. 1, 1949, that I last saw the deceased alive on JAN 31, 1949, and that death occurred at 3A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Lee C. Thompson, D.O.</u>	23b. ADDRESS <u>Box 375 Shelbina, Mo.</u>	23c. DATE SIGNED <u>Feb 2, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-3-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 10-1949</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis E. Popper</u>	ADDRESS <u>Clarence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1949

RECEIVED

District Health Officer No. 10

District File Number 2-49-3

Date Filed FEB 14 1949

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.

Signed James E. Hopper

Licensed Embalmer No. 4261

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Claremont, 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 this body is not embalmed, fact should be so stated above.