

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3941

| | | | | | | | | |
|--|----------------------------------|---|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>10</u> | | PRIMARY REG. DIST. NO. <u>3002</u> | | Registrar's No. <u>38</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Audrain</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY: <u>Montgomery</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> | | c. LENGTH OF STAY (In this place) <u>6 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>207 Allen St., Montgomery City, Mo</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>207 Allen Street</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> | | | b. (Middle) <u>Leslie</u> | | c. (Last) <u>Duckworth</u> | | 4. DATE OF DEATH (Month) <u>2</u> (Day) <u>22</u> (Year) <u>1949</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Aug. 13, 1884</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u> | IF UNDER 4 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Warrensburg, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>Ranson Breeden</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen McGivens</u> | | 14. NAME OF HUSBAND OR WIFE <u>James C. Duckworth</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. James Butner New Florence, Mo.</u> | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>diabetes, fractured hip, myocarditis</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u> <u>90 90 20</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> | |
| 19a. DATE OF OPERATION <u>12/29/48</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Fractured hip</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery City Montgomery Mo.</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>12 27 48 9</u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fall on floor</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>12/28</u> , 19 <u>48</u> , to <u>2/22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/22</u> , 19 <u>49</u> , and that death occurred at <u>1:00 Pm.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Frank Jolley M.D.</u> | | | | 23b. ADDRESS <u>Mexico, Missouri</u> | | 23c. DATE SIGNED <u>2/22/49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-24-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>Feb 22-1949</u> | | REGISTRAR'S SIGNATURE <u>Bronche Neely</u> | | 25. GENERAL DIRECTOR'S SIGNATURE <u>C. W. Hopkins</u> | | ADDRESS <u>Montgomery City Mo</u> | | |

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

MAR 28 1949

RECEIVED

District Health Officer No. 10

District File Number 2-49-1104

Date Filed FEB 8 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, on the 2

day of Feb 1949

Student Embalmer No.

working under my personal supervision.



C. W. Hopkins

Student
Student Embalmer

Signed

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.