No. 300
10:48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13237

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3049 Registrar's No. 89

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 1/2 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parnell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Dorcas
b. (Middle): Annie
c. (Last): Dukes

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-20-1879
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days 9 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Orchard, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Frank Mumford
13b. MOTHER'S MAIDEN NAME: Elizabeth Rauch
14. NAME OF HUSBAND OR WIFE: Thomas Casey Dukes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Frank Dukes, Sheridan, Mo. ADDRESS:

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Influenza — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None — 480X

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-27, 1949, *to* 3-29, 1949, *that I last saw the deceased alive on* 3-28, 1949, *and that death occurred at* 9:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. J. Ross MD (Degree or title)
23b. ADDRESS: Grant City Mo
23c. DATE SIGNED: 3-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-1-1949
24c. NAME OF CEMETERY OR CREMATORY: Parnell Cemetery
24d. LOCATION (City, town, or county) (State): Parnell Missouri

DATE REC'D BY LOCAL REG.: 4-5-49
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE: Arch C. Dunfee ADDRESS: Grant City, Mo

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 .....
Student Embalmer

Signed Jack C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant 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.