

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24069

State File No. ....

FILED AUG 12 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>4314</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Macon</u>					
b. CITY OR TOWN <u>Atlanta Lyda</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Atlanta - Lyda Township</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u>		b. (Middle) <u>McDuffie</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1949</u>			
5. SEX <u>Female</u>		16. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan 5 1868</u>			
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping lived in town</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Macon Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Sylvester Ayers</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Gooding</u>		14. NAME OF HUSBAND OR WIFE <u>John McDuffie</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 <u>Harold McDuffie</u> ADDRESS <u>Atlanta MO</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung Left Breast with Generalized Metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>170X</u> <u>years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>MO</u>		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) _____		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 <u>6-29, 1948</u> , to <u>July 19, 1949</u> , that I last saw the deceased alive on <u>July 19, 1949</u> , and that death occurred at <u>1-0 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Macon MO</u>				23c. DATE SIGNED <u>8-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata MO</u>			
DATE REC'D BY LOCAL REG. <u>Aug 4 1949</u>		REGISTRAR'S SIGNATURE <u>Mo O B. Griffin</u> 1861		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____					

RECEIVED

AUG 10 1949

District Health Officer No. 1

District File Number 8-49-13

Date Filed AUG 10 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.

Student .....  
Student Embalmer

Signed

*H. M. Godding*

Licensed Embalmer No.

1750

P. O. Address

Atlanta 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.