

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43353
 State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—9730

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		c. LENGTH OF STAY (In this place) <u>17 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		97	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 Spring St</u>				d. STREET ADDRESS (If rural, give location) <u>308 Spring</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Duffey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar Widow</u>		8. DATE OF BIRTH <u>Nov. 28, 1874</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Neb. 1</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Albert Reeves</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>Michel Duffey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kernie C. Duffey</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>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>42nd</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)		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>Apr 19, 1949</u> , to <u>Dec 11, 1949</u> , that I last saw the deceased alive on <u>Dec 11, 1949</u> , and that death occurred at <u>11:00 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph P. Doyle, M.D.</u>				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>Dec 12, 1949</u>	
23a. BURIAL, CREMATION, DEPOSIT		24b. DATE <u>Dec 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County, Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/13/49</u>		REGISTRAR'S SIGNATURE <u>Dolly Arthur</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar L. Moseley Sweet Springs Mo</u>			

RECEIVED DEC 19
District Health Officer No. 8,
District File Number.....
Date Filed 12-21-49

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

Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address

Sweet Springs

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.