

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *3878*

BIRTH NO. _____ REG. DIST. NO. *38* PRIMARY REG. DIST. NO. *5120* Registrar's No. *642*

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia</i>	
c. LENGTH OF STAY (in this place) <i>Lifetime</i>		d. STREET ADDRESS (If rural, give location) <i>Boone Co. Infirmiry - Route 6</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Boone County Infirmiry</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>JEFFERSON</i> c. (Last) <i>DUVALL</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 2, 1950</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>Jan. 9, 1865</i>	9. AGE (In years last birthday) <i>85</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Carpenter</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Boone County, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Thomas Thacker Duvall</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Betty Davis</i>	14. NAME OF HUSBAND OR WIFE <i>Nannie Maidens Evans</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Mary Winn</i>	ADDRESS <i>123 Sexton Rd., Columbia</i>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac decompensation</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bronchial asthma</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from *Mar 1, 1950* to *Mar 1, 1950*, that I last saw the deceased alive on *Mar 1, 1950*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>LeRoy Miller D.M.D.</i>	23b. ADDRESS <i>Columbia Mo.</i>	23c. DATE SIGNED <i>3-4-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Mar. 3, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Red Top Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Boone County, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>3-4-50</i>	REGISTRAR'S SIGNATURE <i>Mrs. R. E. Palmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Parer Funeral Service</i>	ADDRESS <i>Columbia Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10. 25

100
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RECEIVED MAR 6 1968
District Health Officer No. 9,
District File Number

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

W. S. Whitesides

Licensed Embalmer No.

3873

P. O. Address

Columbia

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.