

STANDARD CERTIFICATE OF DEATH

3663

FILED MAR 8 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 11

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIONVILLE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIONVILLE</u> <u>0360</u> | |
| c. LENGTH OF STAY (in this place) <u>4 DAYS</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u> | | | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) : a. (First) <u>LESSIE</u> b. (Middle) <u>FLOY</u> c. (Last) <u>DULEY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 17 1951</u> | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | |
| 8. DATE OF BIRTH <u>SEPT. 30 1894</u> | | 9. AGE (In years last birthday) <u>56</u> | | 10. # UNDER 18 Months <u>4</u> Days <u>17</u> 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 <u>OWN HOME</u> | | |
| 11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY MISSOURI</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>DAVID LOWRY</u> | | 13b. MOTHER'S MAIDEN NAME <u>SARAH E PIGG</u> | | 14. NAME OF HUSBAND OR WIFE <u>EARL DULEY</u> | |
| 15. WAS DECEASED LOWRY IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BETTY BALDOCK</u> | |
| ADDRESS <u>JASPER, MISSOURI</u> | | | | | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | | <u>years</u> | |
| | | DUE TO (c) <u>Chronic hypertensive arthritis</u> | | | <u>20 years</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|---|--|--|--|---|--|
| 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) <u>331X</u> | |
| 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 June 1, 1947, to Feb 17, 1951; that I last saw the deceased alive on Feb 17, 1951, and that death occurred at 7:05 a.m., from the causes and on the date stated above.

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|---|--|--|--|---------------------------------------|--|
| 23a. SIGNATURE <u>Chas. L. Judd D.O.</u> | | (Degree or title) | | 23b. ADDRESS <u>Unionville Mo.</u> | |
| 23c. DATE SIGNED <u>2/18/51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>FEB. 20 1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>LUCERNE CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>LUCERNE MISSOURI</u> | | | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-2-51</u> | | REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Constock</u> | |
| | | ADDRESS <u>266</u> | | ADDRESS <u>CALSTOCK FUNERAL HOME</u> | |
| | | | | BY <u>John A. Constock</u> UNIONVILLE MO. | |

(Licensed Embalmer's Statement on Reverse Side)

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

0868

MAR 8 1951

Date Received: MAR 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-505
Date Filed: MAR 6 1951

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

John D. Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. *3891*

P. O. Address *Greenville, 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.