

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11224

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 325   |  | PRIMARY REG. DIST. NO. 4478   |  | Registrar's No. 9  |  |
| 1. PLACE OF DEATH<br>a. COUNTY SCHUYLER   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MO b. COUNTY SCHUYLER |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER  |  | c. LENGTH OF STAY (In this place) 2 1/2 yrs  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER                                  |  | 0980   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  | d. STREET ADDRESS (If rural, give location) RURAL   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) FRANK b. (Middle) JACKSON c. (Last) DUVALL  |  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) MAR 10, 1951  |  |  |  |
| 5. SEX M  |  | 6. COLOR OR RACE W   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  |  | 8. DATE OF BIRTH Oct 16, 1893  |  |
| 9. AGE (In years last birthday) 57  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  |  | 11. BIRTHPLACE (State or foreign country) TARMING WASHINGTON, IOWA  |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |  |
| 13a. FATHER'S NAME GEO DUVALL   |  | 13b. MOTHER'S MAIDEN NAME MARIETTA COLINGER  |  | 14. NAME OF HUSBAND OR WIFE LOLA DUVALL   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  |  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOLA DUVALL LANCASTER, MO   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, & Generalized<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Cu of mesenteric lymph nodes<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>180X |  |   |  | INTERVAL BETWEEN ONSET AND DEATH 6/2/50  |  |
| 19a. DATE OF OPERATION 6/2/50   |  | 19b. MAJOR FINDINGS OF OPERATION Cu of Kidney (left), mesenteric lymph nodes   |  |   |  | 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) m.  |  | 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 6-2-50, 19, to 3-10-51, 19, that I last saw the deceased alive on 3-9-51 19, and that death occurred at 5-55 P.M., from the causes and on the date stated above.       |  |  |  |   |  |  |  |
| 23a. SIGNATURE J. Dandery, M.D. (Degree or title)   |  |  |  | 23b. ADDRESS Lancaster, MO  |  | 23c. DATE SIGNED 3-11-51   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  |  | 24b. DATE MAR 13, 51   |  | 24c. NAME OF CEMETERY OR CREMATORY ARNOLD MEMORIAL  |  | 24d. LOCATION (City, town, or county) (State) LANCASTER, MO                      |  |
| DATE REC'D BY LOCAL REG. Mar. 12-51   |  | REGISTRAR'S SIGNATURE Mrs. R. J. Drake   |  | 25. FUNERAL DIRECTOR'S SIGNATURE Everett R. Head  |  | ADDRESS Lancaster, MO  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 20 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-51-58  
Date Filed: MAR 20 1951

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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 \_\_\_\_\_

*Everett R. Neal*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4038*

P. O. Address *Lancaster 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.