

FILED MAY 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19133

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SIKESTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SIKESTON 1013</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>101 Smith</b>		d. STREET ADDRESS (If rural, give location) <b>101 Smith St.</b>	

3. NAME OF DECEASED (Type or Print) <b>JOHN</b>	a. (First)	b. (Middle) <b>Wesley</b>	c. (Last) <b>DUVALL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 15, 51</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>JAN. 30, 1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TIMBER CONTRACTOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Timber.</b>	11. BIRTHPLACE (State or foreign country) <b>Poleski Co. ILL.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>DAN DUVALL</b>	13b. MOTHER'S MAIDEN NAME <b>Kate tujman</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Duvall</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Carrie Duvall</b> ADDRESS <b>Sebaston, Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

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) <b>4201</b>
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 4-15, 1951, to 4-15, 1951, that I last saw the deceased alive on 4-15, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Larro</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Moscow, Mo.</b>	23c. DATE SIGNED <b>4-20-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/17/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Sebaston, Mo.</b>
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DATE REC'D BY LOCAL REG <b>May 18-51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Spencer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard Funeral Home</b> ADDRESS <b>Sebaston, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 21 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 557-119

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

**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.