

STANDARD CERTIFICATE OF DEATH

State File No. 23

FILED NOV 17 1951

BIRTH NO. REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3291 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY Liberty, Mo. Rural
c. LENGTH OF STAY 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF Hospital

2. USUAL RESIDENCE
a. STATE Missouri
b. COUNTY Shelby
c. CITY Hunnewell
d. STREET ADDRESS

3. NAME OF DECEASED
a. (First) Harry
b. (Middle) Clement
c. (Last) Duer
4. DATE OF DEATH Nov. 3, 1951

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed
8. DATE OF BIRTH March 1, 1867
9. AGE 84

10a. USUAL OCCUPATION retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE Promise City, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Duer
13b. MOTHER'S MAIDEN NAME Clarissa Routzson
14. NAME OF HUSBAND OR WIFE Nancy Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. J. Banner, Liberty, Mo. ADDRESS

18. CAUSE OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arterio sclerosis
II. OTHER SIGNIFICANT CONDITIONS Cancer of Coecum
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE
21b. PLACE OF INJURY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Nov 1, 1951, that I last saw the deceased alive on Nov 1, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Goodson MD (Degree or title)
23b. ADDRESS Liberty Mo.
23c. DATE SIGNED 10/3/51

24a. BURIAL, CREMATION, REMOVAL Burial
24b. DATE 11-5-51
24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
24d. LOCATION Hunnewell, Shelby, Mo.

DATE REC'D BY LOCAL REG. Nov. 3. 1951
REGISTRAR'S SIGNATURE Minnie Hayes
25. FUNERAL DIRECTOR'S SIGNATURE Tyler, Liberty, Mo. ADDRESS

(Licensed Embellisher's Statement on Reverse Side)

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

1240 5



**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 *John Pasley* .....

Licensed Embalmer No. *4308* .....

P. O. Address *Liberty, 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.