

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12484

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem Mo 1331	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home		d. STREET ADDRESS (If rural, give location) Salem Mo 6	

3. NAME OF DECEASED (Type or Print) Charles Anvil Duckworth	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4/7/52
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5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Feb 22 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller	10b. KIND OF BUSINESS OR INDUSTRY flour	11. BIRTHPLACE (State or foreign country) Dent Co Mo 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Duckworth	13b. MOTHER'S MAIDEN NAME Martha Skeeters	14. NAME OF HUSBAND OR WIFE xx
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bill Duckworth Salem Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular system		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 Dec 7, 1951, to Apr 7, 1952, that I last saw the deceased alive on Apr 7, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE L.H. Hunt M.D. (Degree or title)	23b. ADDRESS Salem, Mo	23c. DATE SIGNED 4/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/9/52	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. 4-16-52	REGISTRAR'S SIGNATURE M. M. Harton, W. by me	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

331
4

STATEMENT BY LICENSED EMBALMER

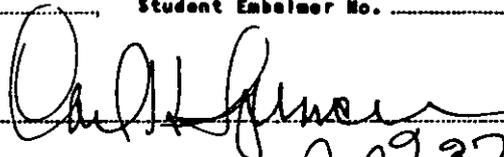
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2370

P. O. Address Bellevue, 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.