

FILED JUL 1 - 1952

STANDARD CERTIFICATE OF DEATH

23272
State File No.....

1950

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

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4478</u>		Registrar's No. <u>21</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>SCHUYLER</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>		a. STATE <u>MO</u>		b. COUNTY <u>SCHUYLER</u>	
c. LENGTH OF STAY (In this place) <u>68</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1952</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>0</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>M</u> c. (Last) <u>DUCKWORTH</u>		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Aug 3, 1865</u>		9. AGE (In years last birthday) <u>86</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>0</u>		11. BIRTHPLACE (State or foreign country) <u>SCHUYLER Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES CHATTIN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA CHATTIN</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES G. DUCKWORTH</u>			
15. WAS DECEASED EVER 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>Leslie D. Patten Lancaster Mo</u> ADDRESS <u>0</u>			
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>Heat Prostration from Arthritis</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benignity and Involuntariness</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 years</u> <u>unknown</u>	
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) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5927F</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 <u>June 11, 1952</u> , to <u>June 13, 1952</u> , that I last saw the deceased alive on <u>July 13, 1952</u> , and that death occurred at <u>2-55 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ida N. Nulton, M.D.</u>		23b. ADDRESS <u>Lancaster, Mo.</u>		23c. DATE SIGNED <u>June 14, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 15, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LANCASTER MO</u>	
DATE REC'D BY LOCAL REG. <u>June 21/52</u>		REGISTRAR'S SIGNATURE <u>3570</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest P. Head Lancaster, Mo</u> ADDRESS <u>0</u>			

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.....
Student Embalmer

Signed Everett A. Head.

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.