

AUG 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27301

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>378</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		d. STREET ADDRESS (If rural, give location) <u>629 Cynthia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hosp.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Burton</u>		b. (Middle) <u>Gibbs</u>		c. (Last) <u>Duff</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 8, 1899</u>	
9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>6</u>		11. DAYS <u>26</u>		12. HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug salesman McKesson &amp; Robbins</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Clay City, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Charles Lester Duff</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Cleone Gibbs</u>			14. NAME OF HUSBAND OR WIFE <u>Nell Woody Duff</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></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B.J. Duff Poplar Bluff, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Coronary Disease</u>				DUE TO (b) <u></u>	
		DUE TO (c) <u></u>				DUE TO (c) <u></u>	
		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: <u>4261</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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) (Min.)		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>8-4</u> , 19 <u>52</u> , to <u>8-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-4</u> , 19 <u>52</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Mickert M.D.</u>				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Hwy 67 S.</u>	
DATE REC'D BY LOCAL REG. <u>8-11-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

124

0127

RECEIVED  
AUG 19 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 852-421

AUG 26 1952

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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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 2nd St. Anderson

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.