

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29059

State File No. ....

FILED AUG 25 1952

BIRTH NO. .... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Charitan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u> <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Walter</u> c. (Last) <u>Duple</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 21 1952</u>		
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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>March 16, 1906</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charlie Duple</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Opal Duple</u>
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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) <u>no</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albert Duple</u> ADDRESS <u>Keytesville, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Myeloma</u> DUE TO (c) _____		<u>9 months</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>203X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 January 29, 1952, to Aug. 21, 1952, that I last saw the deceased alive on Aug. 21, 1952, and that death occurred at 1:18 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. J. Jolly</u>	23b. ADDRESS <u>203 1/2 N. Clark St. Moberly</u>	23c. DATE SIGNED <u>8-21-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-23-52</u>	REGISTRAR'S SIGNATURE <u>Leah Brennan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u> ADDRESS <u>Marceline, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9802 8197

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 \_\_\_\_\_ X

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

working under my personal supervision.

Student \_\_\_\_\_ X  
Student Embalmer

Signed \_\_\_\_\_

*Geo. W. Davall*

Licensed Embalmer No. 4799

P. O. Address Marline, 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.