

No. 300  
10. 487

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30453

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

SEP 15 1952

BIRTH NO. _____		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 3072	Registrar's No. 185
1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b> <b>0972</b>		
c. LENGTH OF STAY (In this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>534 East Arrow</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgie</b> b. (Middle) <b>Hereford</b> c. (Last) <b>Duggins</b>			4. DATE OF DEATH <b>Sept. 11, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 27, 1855</b>	9. AGE (In years last birthday) <b>97</b> Months <b>1</b> Days <b>14</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline county, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>George W. Hereford</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Susan North</b>		14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Duggins Marshall, Mo.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured femur</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
19a. DATE OF OPERATION <b>Sept. 6, 1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intertrochanteric fract. femur</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., home, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Marshall Saline Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept. 5, 1952 4:00 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Unknown</b>
22. I hereby certify that I attended the deceased from <b>Sept. 5, 1952</b> , to <b>Sept. 11, 1952</b> , that I last saw the deceased alive on <b>Sept. 11, 1952</b> , and that death occurred at <b>10 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Marshall, Mo.</b>		23c. DATE SIGNED <b>9-12-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 12, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Sept. 12-1952</b>		REGISTRAR'S SIGNATURE <b>Sidney T. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell-Lewis Marshall, Mo.</b>

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

972  
0

JAN 4 1962

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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.