

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35758

State File No. ....

50 OCT 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>	
c. LENGTH OF STAY (in this place) <u>10yrs</u>		0713	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Stover, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>W.</u> c. (Last) <u>Duffer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1952</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>Feb. 10, 1898</u>		9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>6</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>William Duffer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Davenport</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Duffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-12-8454</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillie Duffer Stover, Mo.</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>Gun Shot wound, not caused by commission</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>of a felony, but Corner's jury was unable to determine whether death was</u> DUE TO (c) <u>caused by accident or of his own act.</u>			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9360 23</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>As Above</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>His Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stover, Morgan, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 16, '52 3P. m.</u>		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun Shot wound 071</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. J. Bartram - Coroner</u>		23b. ADDRESS <u>Versailles, Missouri</u>		23c. DATE SIGNED <u>Oct 17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Oct. 20, 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. L. Rippeger</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. R. Stevenson Stover, Mo.</u>	
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(Approved Embalmer's Sealment on Reverse Side)

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

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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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.