S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39279

FILED NOV 28 1952

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 171

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 252 S. Adams

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon 0572
d. STREET ADDRESS (If rural, give location): 252 S. Adams

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Emiline c. (Last) Duvall

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 20 1870

9. AGE (In years last birthday): 82 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Laclede Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Philip Hawk

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: John Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Clarence Duvall Lebanon Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Large Ventral hernia — 10 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5613

20. AUTOPSY? YES ☐ NO ☑

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1950, *to* Nov 18, 1952, *that I last saw the deceased alive on* Nov 18, 1952, *and that death occurred at* 8.15 Am, *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Johnson (Degree or title) MD
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: 11/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20 1952
24c. NAME OF CEMETERY OR CREMATORY: New Hope
24d. LOCATION (City, town, or county) (State): Laclede Co. Mo.

DATE REC'D BY LOCAL REG.: 11-20-1952
REGISTRAR'S SIGNATURE: Nella L. Clay
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Palmer Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received NOV 22 1952
Laclede County Health Unit
File No. 11-52-159
Date Filed NOV 24 1952

JAN 19 1953

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 S. P. Palmer

Licensed Embalmer No. 3208

P. O. Address Lebanon 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.