

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8641

State File No.

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 121

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| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Benton Twp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Benton Twp</u> | |
| c. LENGTH OF STAY (In this place) <u>65 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural--Benton Twp Kirksville Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Benton Twp Kirksville Mo</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Marcus</u> | b. (Middle) <u>Luther</u> | c. (Last) <u>Duffie</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1953</u> |
|-------------------------------------|--------------------------|---------------------------|-------------------------|--|

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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Jan. 24, 1875</u> | 9. AGE (In years) (Month) (Day) <u>78</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Elizabethtown, Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>James M. Duffie</u> | 13b. MOTHER'S MAIDEN NAME <u>Polly Martin</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Hayward Duffie, Kirksville, 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 <u>26 hrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 April 2, 1953, to April 2, 1953 that I last saw the deceased alive on April 2, 1953 and that death occurred at 2:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W.E. Munn, M.D.</u> | 23b. ADDRESS <u>Kirksville, Mo.</u> | 23c. DATE SIGNED <u>4/4/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/4/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-6-53</u> | REGISTRAR'S SIGNATURE <u>Wate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Riley Kirksville, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Richard H. Randall

Licensed Embalmer No. 4866

P. O. Address Kirkville, 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.