

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10936

State File No. ....

FILED MAR 23 1953

REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 37

0821

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Louisiana Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN PAYNESVILLE</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>			

0820

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

3. NAME OF DECEASED a. (First) <b>Charles</b> b. (Middle) <b>Steele</b> c. (Last) <b>Duvall</b>		4. DATE OF DEATH (Month) <b>3</b> (Day) <b>22</b> (Year) <b>1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 21 1886</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>21</b>	IF UNDER 18 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NURSERY</b>	11. BIRTHPLACE (State or foreign country) <b>Paynesville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>			

13a. FATHER'S NAME <b>James T. Duvall</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Meloan</b>	14. NAME OF HUSBAND OR WIFE <b>Bettie H. Duvall</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>492-05-9503</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H. A. Hall</b>	ADDRESS <b>Paynesville Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <b>None</b>		

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 2-27, 1953, to 3-12, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Louisiana, Missouri</b>	23c. DATE SIGNED <b>3-14-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR. 15, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MIDDLETOWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>MIDDLETOWN, MO.</b>
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DATE REC'D BY LOCAL REG. <b>March 14, 1953</b>	REGISTRAR'S SIGNATURE <b>Jessie Collier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Carroll</b>	ADDRESS <b>Louisiana, Mo.</b>
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APR 24 1953

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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.