No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14874

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 33

550
0

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon
c. LENGTH OF STAY (in this place): 243 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Madrid 0721
d. STREET ADDRESS (If rural, give location): 941 Mott Street /

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): E.
c. (Last): Duffell

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1953

5. SEX: female /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov. 7, 1881
9. AGE (In years last birthday): 71 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Arkansas /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Enos Cleveland
13b. MOTHER'S MAIDEN NAME: Lida Jane Cochran
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): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ruby Wilson Peck, Mt. Vernon, Missouri

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): Histoplasmosis

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 1342
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* 8-14, 1952, *to* 4-14-, 1953, *that I last saw the deceased alive on* 4-14-, 1953, *and that death occurred at* 7:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Brushier M.D.
23b. ADDRESS: Mt. Vernon, Missouri
23c. DATE SIGNED: 4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-53
24c. NAME OF CEMETERY OR CREMATORY: Kirkall Cemetery
24d. LOCATION (City, town, or county) (State): Kirkall, Missouri

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: Cecil Hendricks 411-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. D. Fassett Mt. Vernon, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed R. W. Fassett

Licensed Embalmer No. 2201

P. O. Address Mt. Pleasant, Ga

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.