

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

DR ELLIS  
State File No. **31487**

No. 900  
10.48

FILED SEP 28 1953

BIRTH NO. 59571 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 887

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>GREENE</u>	b. STATE <u>MISSOURI</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>GREENE</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	c. LENGTH OF STAY (in this place) <u>8 HRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	d. STREET ADDRESS (If rural, give location) <u>706 EAST JEAN ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHN'S HOSPITAL</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>DONNA</u>	b. (Middle) <u>LOUISE</u>	c. (Last) <u>DUFF</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>SEPT, 18, 1953</u>
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<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>SEPT, 18, 1953</u>	<b>9. AGE</b> (In years) (Months) (Days) (Hours) (Min.) <u>8</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>INFANT</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>SPRINGFIELD, MISSOURI</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
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<b>13a. FATHER'S NAME</b> <u>CHARLES DUFF</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>IRENE WAGNER</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>X</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>CHARLES DUFF</u>	<b>ADDRESS</b> <u>SPRINGFIELD, MO</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Congenital Pulmonary Stenosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS-</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Springfield Mo. Greene MO</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 9-18, 1953, to 9-18, 1953, that I last saw the deceased alive on 9-18, 1953, and that death occurred at 5: P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u>	(Degree or title) <u>MD</u>	<b>23b. ADDRESS</b> <u>Springfield Mo.</u>	<b>23c. DATE SIGNED</b> <u>9-21-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>9/19/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>ST. MARY'S</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>9-22-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>HERMAN LOHMEYER</u>	<b>ADDRESS</b> <u>SPRINGFIELD, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lucian J. Shredley*

Licensed Embalmer No. *4815*

P. O. Address *Spencerfield*

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.