

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

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34989

State File No.

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4238 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WARSAW</u>	c. LENGTH OF STAY (in this place) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cole CAMP</u>	0080 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE Rest Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ARCHIE</u>	b. (Middle) <u>B.</u>	c. (Last) <u>DWINELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Mar 27 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 12 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Humboldt, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Ambrase Duinell</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Duinell</u>	14. NAME OF HUSBAND OR WIFE
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Duinell</u>	ADDRESS <u>Humboldt, Kansas</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>unk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</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 <u>Chronic glomerulonephritis.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cardiac De-compensation</u>		<u>UNK</u> <u>UNK</u>	

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)	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 9 Oct., 1953, to 23 Oct., 1953, that I last saw the deceased alive on 17 Oct., 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David N. Gleason M.D.</u>	23b. ADDRESS <u>Warsaw Mo.</u>	23c. DATE SIGNED <u>25 Oct. 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 25, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 25 1953</u>	REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>	ADDRESS <u>Warsaw</u>
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Riser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.