

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8156**

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4167** Registrar's No. **20**

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>Washington</b> c. (Last) <b>Duke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3--- 4--- 54</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>10-8-1870</b>
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Thomas Duke</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Handy</b>	14. NAME OF HUSBAND OR WIFE <b>Mertie Duke</b>
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>XXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mertie Duke</b> ADDRESS <b>Amity Mo</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>208 minutes</b> <b>15 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c)		
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>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 1948**, to **3-4, 1954**, that I last saw the deceased alive on **3/4, 1954**, and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Print or type) <b>W. E. Stoddard</b>	23b. ADDRESS <b>Mayville Mo</b>	23c. DATE SIGNED <b>3-5-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-7-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Amity</b>
24d. LOCATION (City, town, or county) (State) <b>Amity Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Brown</b> ADDRESS <b>Mayville Mo</b>
DATE REC'D BY LOCAL REG. <b>3-15-54</b>	REGISTRAR'S SIGNATURE <b>W. E. Stoddard</b> 826	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

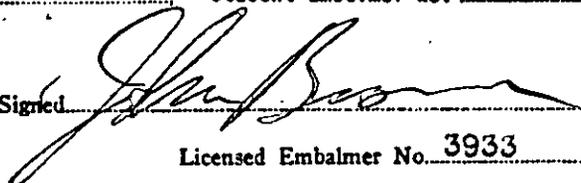
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3933

P. O. Address Maryeville O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.