

THE DIVISION OF HEALTH AND VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

State File No. **11594**

BIRTH NO. FILED MAY 5 1954		REG. DIST. NO. 93	PRIMARY REG. DIST. NO. 5342	Registrar's No. 54-31
1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade		
b. CITY (If outside corporate limits, write RURAL and give township) Washington twp		c. CITY (If outside corporate limits, write RURAL and give township) Washington twp 0290		
c. LENGTH OF STAY (in this place) yrs		d. STREET ADDRESS (If rural, give location) 3mi. s.w. of greenfield mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3mi. s.w. of greenfield mo		3. NAME OF DECEASED a. (First) Orlena b. (Middle) Duffy c. (Last) Duffy		
4. DATE OF DEATH (Month) (Day) (Year) april 20 1954		5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		
8. DATE OF BIRTH Feb. 6, 1869		9. AGE (in years last birthday) 85 IF UNDER 1 YEAR: Months 2 Days 14 IF UNDER 12 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (City and State or Foreign Country) Dade co mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Berry Dunean 13b. MOTHER'S MAIDEN NAME Rose Ann Duncan 14. NAME OF HUSBAND OR WIFE J.M. Duffy		
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 Mrs Lois Hickman ADDRESS So Greenfield Mo rtl
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH. 2 wks. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, gen. DUE TO (c) 332 X 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		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 4-17, 1954 , to 4-20, 1954 , that I last saw the deceased alive on 4-17, 1954 , and that death occurred at 7:15 a. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Lee M. Waddy MD		23b. ADDRESS Greenfield Mo		23c. DATE SIGNED 4-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenfield
24d. LOCATION (City, town, or county) (State) Greenfield Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison ADDRESS Greenfield Mo.		
DATE REC'D BY LOCAL REG. 4-27-54		REGISTRAR'S SIGNATURE J. C. Canada 1478		

(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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville

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.