

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11717**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4196 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS " (If rural, give location) <u>Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Darlington</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. John Henry</u> b. (Middle) <u>Duley</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1954</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWER</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>March 15 1866 88</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	Min.
--------------------	-------------------------------	--	--	---------------------------------	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Dr. Thomas Duley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Bales</u>	14. NAME OF HUSBAND OR WIFE <u>Clarinda Duley</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-40-9175</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Duley Stanberry</u>	ADDRESS <u>Mo.</u>
---	--	--	--------------------

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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>1 hr.</u>
---	---	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from Jan 1, 1954, to May 3, 1954, that I last saw the deceased alive on May 2, 1954, and that death occurred at 9:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles W. Williamson DOB</u>	23b. ADDRESS <u>Gentry Mo</u>	23c. DATE SIGNED <u>5-4-54</u>
---	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry, Gentry, Mo.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 5-94</u>	REGISTRAR'S SIGNATURE <u>Maurice Williams</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Fatoy F. Phillips</u>	ADDRESS <u>Stanberry</u>
--	---	--	--------------------------

(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

Robert F. Phillips

Licensed Embalmer No. _____

1898

P. O. Address _____

Staten Island, N.Y.

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.