

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31106

State File No. ....

FILED OCT 4 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. CITY OR TOWN <u>Bee Ridge</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0520</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cleta</u>	b. (Middle) <u>Roene</u>	c. (Last) <u>Duffield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1913</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mel Pruet</u>	13b. MOTHER'S MAIDEN NAME <u>Opal May Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Theodore Duffield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin C. Pruet</u>	ADDRESS <u>Edina Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Overwhelming toxemia (operative)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-15 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bowel obstruction &amp; peritonitis 3 weeks</u>		
	DUE TO (c) <u>Twisted Ovarian cyst &amp; Peritonitis (operated)</u>		<u>3 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>9-18-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bowel obstruction (operated) Twisted ovarian cyst (operated)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>7:4</u>	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 Aug. 28, 1954 to Sept. 26, 1954 that I last saw the deceased alive on Sept. 26, 1954 and that death occurred at 2:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William F. Fritsch DO #9195</u>	23b. ADDRESS <u>Edina, Mo.</u>	23c. DATE SIGNED <u>Sept. 28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brashear</u>	24d. LOCATION (City, town, or county) (State) <u>Brashear, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 28-54</u>	REGISTRAR'S SIGNATURE <u>Willie S. Dunsen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Blasberg</u>	ADDRESS <u>Hurdland Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....  
*Geoff Easley Jr*

Licensed Embalmer No. *375*

P. O. Address.....  
*Hudon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.