

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21479

State File No.

FILED JUL 19 1955

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5254 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRIPLETT RURAL</u>		c. CITY OR TOWN <u>TRIPLETT</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>50 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>H.</u>	c. (Last) <u>DUFFIELD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 12 1955</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>MARRIED</u>	8. DATE OF BIRTH <u>7-6-1864</u>	9. AGE (In years last birthday) <u>91</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMWORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JASIAH DUFFIELD</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN BEAM</u>	14. NAME OF HUSBAND OR WIFE <u>FABRILA 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>JOSEPH DUFFIELD</u>	ADDRESS <u>TRIPLETT 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Caecum Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>4 or 5 yrs</u>
	DUE TO (c) <u>Senile debility</u>		<u>6 mos</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma metastasized</u>			<u>2 mos</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, 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 May 25, 1955 to July 12, 1955, that I last saw the deceased alive on July 12, 1955 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Andrew C. Rice, M.D.</u> (Degree or title)	23b. ADDRESS <u>Brunswick Mo</u>	23c. DATE SIGNED <u>1/4</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCULLOUGH</u>	24d. LOCATION (City, town, or county) (State) <u>TRIPLETT MO</u>
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DATE REC'D BY LOCAL REG. <u>7-14-55</u>	REGISTRAR'S SIGNATURE <u>Mildred Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Geesal</u>	ADDRESS <u>Brunswick</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 31 1956

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 *L. M. Marisel*

Licensed Embalmer No. *82*

P. O. Address *Brunswick*

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.