

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12429

FILED MAY 7 - 1957

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>387</u>		PRIMARY REG. DIST. NO. <u>4085</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Hale,</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Hale,</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home west part town</u>				e. STREET ADDRESS (If rural, give location) <u>west part town 0170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>POLLY</u>		b. (Middle) <u>GERTRUDE</u>		c. (Last) <u>DUCKWORTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1957</u>	
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>Sept. 15, 1882</u>	
9. AGE (in years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) <u>74</u> Months <u>7</u> Days <u>17</u> IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hale, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Benton Bowlsware,</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Chas. Duckworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas Duckworth, Hale, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition and Debilitation</u> ANTECEDENT CAUSES <u>mediastinal Carcinosis with compression of the Esophagus</u> DUE TO (b) <u>Compression of the Esophagus</u> DUE TO (c) <u>Branchogenic Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT * (Specify) SUICIDE HOMICIDE		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)	
21d. TIME OF INJURY		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 <u>2-25</u> , 19 <u>57</u> , to <u>5-2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>57</u> , and that death occurred at <u>6:50 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Norman F. Hadden</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Hale, Mo.</u>		23c. DATE SIGNED <u>5/3/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4th, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hale, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-3-1957</u>		REGISTRAR'S SIGNATURE <u>Mrs. Rex Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin Tina, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 13 1957

**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.....  
*Clyford W. Austin*  
Licensed Embalmer No..... 3233

P. O. Address..... *Tina, Ill.*

**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.**