

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14135**

**FILED MAY 2 - 1957**

BIRTH NO. 31745-57 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 61

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

3. NAME OF DECEASED (Type or Print) a. (First) <b>Byron</b> b. (Middle) <b>Howard</b> c. (Last) <b>Duckworth</b>			4. DATE OF DEATH <b>April 14, 1957</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>April 13, 1957</b>	9. AGE (In years last birthday) <b>0</b> Months <b>0</b> Days <b>1</b> Hours <b></b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hayti, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>Gordon Lee Duckworth</b>	13b. MOTHER'S MAIDEN NAME <b>Fufil Elois Howard</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>G. L. Duckworth</b> ADDRESS <b>Hayti, Mo.</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral pulmonary atelectasis</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mediastinal emphysema</b>		
	DUE TO (c) <b>Not known</b>		
11. 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? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <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) <b>5272</b>
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 8-12, 1957, to 4-14, 1957, that I last saw the deceased alive on 4-12, 1957, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>C.D. Kaiser</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>222 S. 3rd. Hayti, Mo.</b>	23c. DATE SIGNED <b>4-18-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-15-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hayti, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-23-57</b>	REGISTRAR'S SIGNATURE <b>John H. Gorman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Valhalla Funeral Home</b> ADDRESS <b>Hayti, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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4-105-57

APR 30 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 National Funeral Home, Memphis, Tenn., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Jessie A. Johnson*

Licensed Embalmer No. 4185

P. O. Address Ha 951, Mo.

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.