

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27970

STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 120 Primary Registration District No. 5444 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Evona		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Evona		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) 0380		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mrytle Mae Duckworth			4. DATE OF DEATH Month Day Year August 23, 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1879	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Kurtright			14. MOTHER'S MAIDEN NAME Rebecca Fountaine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mr. Carl Duckworth Albany, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of bile ducts					INTERVAL BETWEEN ONSET AND DEATH 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Albany - Gentry - Mo.		
21. I attended the deceased from 1940 to 8-23-57 and last saw her ^{her} _{him} alive on 8-23-57 Death occurred at 9:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Frank H. Rose - M.D.			22b. ADDRESS Albany, Mo.		22c. DATE SIGNED 8-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Aug 25 57	23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) (State) Albany, Missouri
24. FUNERAL DIRECTOR Clifford Brooks		ADDRESS Albany, Mo.	25. DATE RECD. BY LOCAL REG. 8-25-1957	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon type-write if possible. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature. Diseases in Part I must be causally related.

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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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 48

P. O. Address Albany, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.