

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28120

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No.

137

Primary Registration District No.

3623

Registrar's No.

561

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Rural-Lowry City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 515 East Green		d. STREET ADDRESS (If outside, give location) Butler Township	
3. NAME OF DECEASED (Type or print) Margaret Boyce Duzan		4. DATE OF DEATH Aug;6,1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov;17,1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		11. BIRTHPLACE (City and state or country) Pennsylvania	
13a. FATHER'S NAME Richard Boyce		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT George Duzan, Lowry City Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infection and debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 794X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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		COUNTY _____ STATE _____	
21. I attended the deceased from Aug 4, 1957 to Aug. 4, 1957 and last saw her alive on Aug. 4, 1957 Death occurred at 5:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.E. Harbaugh, D.O.		22b. ADDRESS Clinton Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/10/57	
23c. NAME OF CEMETERY OR-CREMATORY Lowry City		23d. LOCATION (City, town, or county) (State) Lowry City Mo	
24. FUNERAL DIRECTOR Goodnick & HOME-OSCEOLA		25. DATE RECD. BY LOCAL REG. 8-12-57	
		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J.B. Saelund*

Licensed Embalmer No. *3038*

P. O. Address *Osceola, 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.