

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007159
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2120**

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Edwardsville <i>8120</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4047 Magnolia Pl.		Length of stay in lb 3 yrs.	d. STREET ADDRESS (If outside, give location) 1103 Troy Rd. <i>32</i> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle L. Last Duckles			4. DATE OF DEATH Month February Day 20 Year 1958
5. SEX Male	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 Sept. 18, 1872
9. AGE (In years (use birthday) 85)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker	11. BIRTHPLACE (City and state or country) Macoupin Co., Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		10b. KIND OF BUSINESS OR INDUSTRY Banking	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Edward G. Duckles		13b. MOTHER'S MAIDEN NAME Emma Lawson	14. NAME OF HUSBAND OR WIFE Cora
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. 350-14-3921	17. INFORMANT Address Mrs. Edward Hudson, 4047 Magnolia Pl.
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio sclerotic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH
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) Senility			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 <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 1954 to Feb 21 1958 and last saw her alive on Feb 2 1958 Death occurred at 7:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ronald S. Klein M.D.		22b. ADDRESS 2632 S. Kingslick Way	22c. DATE SIGNED 2/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-20-58	23c. NAME OF CEMETERY OR CREMATORY Mayfield Cemetery	23d. LOCATION (City, town, or county) (State) Carlinville, Ill.
24. FUNERAL DIRECTOR ADDRESS B.H. Weber Funeral Home, Edwardsville, Ill.		25. DATE RECD. BY LOCAL REG. FEB. 21 '58	26. REGISTRAR'S SIGNATURE Joel Smith M.D. <i>msB</i>

(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 *B. H. Weber*

Licensed Embalmer No. *3209*
P. O. Address *Shoalsville*

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.