

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022884  
STATE FILE NUMBER

FILED JUL 10 1958

Registration District No. 290 Primary Registration District No. 5986 Registrar's No. 109

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Tavern Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Crocker, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3mi. N. of Crocker</b>		Length of stay in lb <b>1 hr.</b>	d. STREET ADDRESS (If outside, give location) <b>Star Rt. # 2.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Otho</b> Middle <b>Theophus</b> Last <b>Duckworth.</b>			4. DATE OF DEATH Month <b>July</b> Day <b>2,</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 5, 1904</b>	9. AGE (In years last birthday) <b>53</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter.</b>	11. BIRTHPLACE (City and state or country) <b>Salem, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Everett Duckworth.</b>		13b. MOTHER'S MAIDEN NAME <b>Lula Wilson.</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown.</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>489-09-0948</b>	17. INFORMANT <b>Bryan Duckworth</b> Address <b>3129 Eads St. St. Louis, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apparently Cardiac Insufficiency</b> DUE TO (b) <b>acute Alcoholism</b> DUE TO (c) <b>3220</b> 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"/> <b>2</b>
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 <b>2:45</b> Month, Day, Year <b>July 2, 1958</b> a.m. <b>P</b> 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 <b>Richland, Missouri</b>		COUNTY <b>Richland</b> STATE <b>Missouri</b>
21. I attended the deceased <b>on July 2/58</b> , to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <b>Approx. T. 2:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>B. Hedges</b> (Degree or title) <b>County Coroner. 3</b>			22b. ADDRESS <b>Richland, Missouri</b>		22c. DATE SIGNED <b>7/3/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7/3/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Harmony Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Salem, Missouri</b>	
24. FUNERAL DIRECTOR'S ADDRESS <b>Hedges Funeral Home Crocker, Mo</b>		DATE RECD. BY LOCAL REG. <b>7-3-58</b>	24. REGISTRAR'S SIGNATURE <b>Eula Grae Anderson</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

U.S. 0

JUL 14 1958

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 *Clarence Thross* .....

Licensed Embalmer No. *4896* .....

P. O. Address *Waynesville, N.C.* .....

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.