

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027895

STATE FILE NUMBER

121

FILED JUL 21 1958 Registration District No. 333 Primary Registration District No. 9074 Registrar's No.

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE MO b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Sikeston 1003 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 926 N. TANNER		d. STREET ADDRESS (If outside, give location) 926 N. TANNER Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARTIN Middle EBERT Last DUKE		4. DATE OF DEATH Month 6 Day -22 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1901 56 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 6 Days 10 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAN - MAN - GAS. CO		10b. KIND OF BUSINESS OR INDUSTRY NEW MARRID CO MO.	
11. BIRTHPLACE (City and state or country) NEW MARRID CO MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE WASHINGTON DUKE		14. MOTHER'S MAIDEN NAME BELLE GODWIN	
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. 489-30-9910	
17. INFORMANT Mrs MARTIN DUKE Sikeston MO		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) AdenoCarcinoma of rectum DUE TO (c) 154X			INTERVAL BETWEEN ONSET AND DEATH 1 year? 2 1/2 years
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"/>
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		COUNTY STATE	
21. I attended the deceased from Jan. 1956 to June 22, 1958 and last saw her alive on June 21, 1958 Death occurred at 6:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. C. Critchlow M.D.		22b. ADDRESS Sikeston, MO	
22c. DATE SIGNED July 8, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/25/58	23c. NAME OF CEMETERY OR CREMATORY DOG WOOD CEMETERY R.F. D - BEETHAM MO	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Wald Funeral Home Sikeston MO		25. DATE RECD. BY LOCAL REG. 7-8-58	
ADDRESS		26. REGISTRAR'S SIGNATURE Mrs. E. L. Hunter	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public
Service
03
300
1-56
All
symptoms
will
be
listed.
All
diseases
in
Part
I
must
be
casually
related.
Coroner
cannot
certify
to
a
death
due
to
natural
causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED

7-14-58

SCOTT CO. HEALTH DEPT.

CO. FILE No.

758-166

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 Raymond Crews

Licensed Embalmer No. 346

P. O. Address Peckton

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.