

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047180  
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Pineville</b> 0600 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMANS HOSP</b>		Length of stay in lb <b>6 DA</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARENCE Earh Duwah</b>			4. DATE OF DEATH Month Day Year <b>12-17-1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>5-8-1881</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Month Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Pineville, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>W.C. Duwah</b>		13b. MOTHER'S MAIDEN NAME <b>THURSA BOOKOUT</b>		14. NAME OF HUSBAND OR WIFE <b>←</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.	17. INFORMANT Address <b>Mrs JOYE PRATER SENECAMo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b>			<b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <b>Idiopathic Myocarditis</b>		<b>Unknown</b>
	DUE TO (c) <b>Chronic Passive Congestion and Diabetes Mellitus</b>		<b>Unknown</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"/>

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.) <b>Joplin,</b>	20f. CITY, TOWN, OR LOCATION <b>Jasper,</b>	COUNTY <b>Missouri</b>	STATE
21. I attended the deceased from <b>12-11-58</b> to <b>12-17-58</b> and last saw her <sup>her</sup> alive on <b>12-16-58</b> Death occurred at <b>5:50</b> <b>A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22. SIGNATURE (Degree or title) <b>J. R. ANKIN, JR., M.D.</b>		22b. ADDRESS <b>321 Frisco Building, Joplin, Mo.</b>	22c. DATE SIGNED <b>1-3-59</b>	

23. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-19-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pineville CEM</b>	23d. LOCATION (City, town, or county) <b>Pineville Mo</b>	(State)
24. FUNERAL DIRECTOR <b>H. ANDREY + SON</b>		ADDRESS <b>Pineville Mo</b>	25. DATE RECD. BY LOCAL REG. <b>1-12-1959</b>	26. REGISTRAR'S SIGNATURE <b>NOBLE MERRIAM</b>

(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 *Mayme E. Humphrey* .....

Licensed Embalmer No. *4962* .....

P. O. Address *Greenville, 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.