Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-007486
STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1787

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3 Enroute City Hospital DOA — Length of stay in Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1821 Cass, Ave. — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Rotha Thelma Duck — Middle: — Last: Murray

**4. DATE OF DEATH**: Month: Feb. — Day: 18, — Year: 1959

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH**: May 26, 1911

**9. AGE** (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: At Home

**11. BIRTHPLACE** (City and state or country): Bemis, Tenn.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: James R. Duck Sr.

**13b. MOTHER'S MAIDEN NAME**: Rosie Blakney

**14. NAME OF HUSBAND OR WIFE**: Everett

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.

**16. SOCIAL SECURITY NO.**: Unknown

**17. INFORMANT**: Mrs. Paul Heloin, Medon, Tenn.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Epilepsy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebrovascular
DUE TO (c): 353.3
INTERVAL BETWEEN ONSET AND DEATH

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 [ ] NO [X] 2

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**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 _____ to 12/16/ and last saw her/him alive on _____
Death occurred at _____ pm on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or Authority): Joseph M. Lewis Jr. M.D. 3

**22b. ADDRESS**: 1300 Clark

**22c. DATE SIGNED**: 2/19/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE**: 2-21-59

**23c. NAME OF CEMETERY OR CREMATORY**: Local

**23d. LOCATION** (City, town, or county) (State): McNairy County, Tenn.

**24. FUNERAL DIRECTOR** — ADDRESS: Albert H. Hoppe 4700 Washington Blvd.

**25. DATE RECEIVED BY LOCAL REG.**: FEB 19 59

**26. REGISTRAR'S SIGNATURE**: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

Licensed Embalmer No. 4108

P. O. Address .....

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.