

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009127

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 63

300
-57

1. PLACE OF DEATH a. COUNTY GRUNOY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GRUNOY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN TRENTON ⁰⁴²⁶ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT Hosp		Length of stay in lb 1 week	d. STREET ADDRESS (If outside, give location) 1813 Luke Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Leland Middle E Last Duke			4. DATE OF DEATH Month April Day 7 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 13, 1900	9. AGE (In years) 59 MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MIN. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN	10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and state or country) GRUNOY Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Luther F. Duke	13b. MOTHER'S MAIDEN NAME JENNIE C Betz	14. NAME OF HUSBAND OR WIFE OPAL Duke
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or be unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE 495-09-99330	17. INFORMANT OPAL Duke Address Trenton Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
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)		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.)
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20c. TIME OF INJURY Hour _____ 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 Trenton Mo.	COUNTY	STATE
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21. I attended the deceased from Death occurred at April 30, 1959 to April 7, 1959 and last saw her alive on April 7, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Oliver F. Duffly MD (Degree or title)	22b. ADDRESS Trenton Mo.	22c. DATE SIGNED April 8, 1959
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
Burial	4/10/59	Maple Grove	Trenton	Mo.

24. FUNERAL DIRECTOR Gordon Blackmon	ADDRESS Trenton Mo.	25. DATE RECD. BY LOCAL REG. 4-10-59	26. REGISTRAR'S SIGNATURE Irene Fair
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All entries in Part I must be causally related.

APR 14 1959

APR 15 1959

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 *Claude H. Cloude*

Licensed Embalmer No. *4986*

P. O. Address *Trenton, N. J.*

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.