

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012463

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dexter <u>10.30</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hosp.		Length of stay in 1b 5 hr.	d. STREET ADDRESS (If outside, give location) Rfd. 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Unnamed son Middle Duffie Last Duffie			4. DATE OF DEATH Month April Day 11 , Year 1959
5. SEX <input checked="" type="checkbox"/> male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 11, 1959
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HRS. Hour 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME Layennia Duffie		14. NAME OF HUSBAND OR WIFE child	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no <u>x x x x x x x x</u>		16. SOCIAL SECURITY NO. <u>x x x x x x</u>	17. INFORMANT Layennia Duffie Address Dexter, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumably Birth Def. 180g.</u> 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) <u>776x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>approx 2 1/2</u> <u>5 hrs.</u>
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>4/11/59</u> to <u>4/11/59</u> and last saw ^{her} alive on <u>4/11/59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William J. Turner</u> (Degree or title)		22b. ADDRESS <u>Dexter, Mo.</u>	22c. DATE SIGNED <u>4/13/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-12-59	23c. NAME OF CEMETERY OR CREMATORY Sadlers Chapel Cem.	23d. LOCATION (City, town, or county) (State) Dexter, Mo.
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. <u>4/18/59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Was Not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Mark Walters

Licensed Embalmer No. 4717
P. O. Address Dexter

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.