URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039736

STATE FILE NUMBER

FILED VS DEC 7 1959 / 32

Registration District No. _____ Primary Registration District No. 3021 Registrar's No. 199

AMENDED

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton — Length of stay in 1b: 52 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wright Memorial Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Grundy
c. CITY OR TOWN: Trenton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 532 Pleasant View — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EDGAR Middle: ALBERT Last: DUFFY

4. DATE OF DEATH Month: Nov. Day: 28, Year: 1959

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/18/78
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician & Surgeon, MD
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Practice
11. BIRTHPLACE (City and state or country): Mendon, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Benjamin Franklin Duffy
13b. MOTHER'S MAIDEN NAME: Elizabeth Keuher
14. NAME OF HUSBAND OR WIFE: Ollie Moore Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. E. A. Duffy — Address

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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Nov 14th 1959 to Nov 24th 1959 and last saw him/her alive on Nov 28th 1959
Death occurred at 2:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F. Duffy MD (Degree or title)
22b. ADDRESS Trenton Mo
22c. DATE SIGNED Dec 1st 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11/30/1959
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Trenton, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gipson Funeral Home, Trenton, Mo.
25. DATE RECD. BY LOCAL REG.: 12-1-59
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS DEC 10 1959

DEC 23 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 m

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hal Thomburgh

Licensed Embalmer No. 3408

P. O. Address Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.