URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-041441

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6056 Registrar's No. 56

ENDED

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler Township
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Clair
c. CITY OR TOWN Lowry City
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Ernest Middle: Wesley Last: Duvall
4. DATE OF DEATH Month Day Year: Nov;16,1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10/22/82
9. AGE (last birthday): 77
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Clair County Mo USA
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Floyd Duvall, Address: Kansas City Missouri

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) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Sudden
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 ____, to ____ and last saw her/him alive on ____
Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Frank B Goodrich Coroner
22b. ADDRESS: Osceola Missouri
22c. DATE SIGNED: 11-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/20/59
23c. NAME OF CEMETERY OR CREMATORY: Lowry City
23d. LOCATION (City, town, or county) (State): Lowry City Missouri
24. FUNERAL DIRECTOR ADDRESS: Goodrich Funeral Home, Osceola Mo
25. DATE RECD. BY LOCAL REG.: 11-20-59
26. REGISTRAR'S SIGNATURE: Ruth Sievers

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul F. Firestone

Signature of Student Embalmer

Licensed Embalmer No. 3990

P. O. Address Ocala, F

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