

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS APR 25 1960

=60-014182

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 229

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|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | Length of stay in 1b <u>26 day</u> | | c. CITY OR TOWN <u>Brunswick</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Hospital HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer</u> | | | d. STREET ADDRESS (If outside, give location) <u>306 Hickory</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Dorothea</u> Middle <u>Anna</u> Last <u>Duffield</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1960</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 19-94</u> | 9. AGE (last birthday) <u>66</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Allendale</u> | 12. CITIZEN OF WHAT COUNTRY <u>United State</u> | |
| 13a. FATHER'S NAME <u>Mc Elvain, John</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lippincot Anna</u> | | 14. NAME OF HUSBAND OR WIFE <u>Duffield, Grover</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>495-40-4522</u> | 17. INFORMANT <u>States Files</u> | | Address <u>Columbia Missouri</u> |

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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) <u>Carcinomatosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> |
| DUE TO (b) <u>Carcinoma of ovary</u> | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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>4/1/60</u> to <u>4/16/60</u> and last saw her/him alive on <u>4/16/60</u> Death occurred at <u>9:10</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE <u>Ralph Gray</u> (Degree or title) | 22b. ADDRESS <u>Ellis Fischel Hoop</u> | 22c. DATE SIGNED <u>4/16/60</u> (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-18-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MCCOLLOUGH</u> |
| 24. FUNERAL DIRECTOR <u>L. E. McCurry</u> | ADDRESS <u>Brunswick Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Apr 16, 60</u> |
| 26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed L. E. McCarty

Licensed Embalmer No. 4806

P. O. Address Brunswick

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.