

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013175

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 33

1. PLACE OF DEATH  
 a. COUNTY Dent  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Salem Length of stay in 1b 20 days  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Dent  
 c. CITY OR TOWN Salem Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rural Route 1 Reside on Farm Yes  No   
 3. NAME OF DECEASED (Type or print) First SUSAN Middle ELSIE Last DUCKWORTH  
 4. DATE OF DEATH Month April Day 12 Year 1961  
 5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 11/17/80 9. AGE (last birthday) 80 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolteacher (ret) 10b. KIND OF BUSINESS OR INDUSTRY Grade School 11. BIRTHPLACE (City and state or country) Dent County, Mo. 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME Wiley G. Duckworth 13b. MOTHER'S MAIDEN NAME Amanda S. McNeil 14. NAME OF HUSBAND OR WIFE None  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Lola Hall Route 2 Salem, 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) Cerebral hemorrhage  
 DUE TO (b) Arteriosclerosis  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary anemia, arteriosclerotic cardiac disease  
 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.  
 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 12/15/59 to 4/12/61 and last saw her alive on 4/12/61  
 Death occurred at 3:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE (Of declarant) [Signature] 22b. ADDRESS Salem, Missouri 22c. DATE SIGNED 4/13/61  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/15/61 23c. NAME OF CEMETERY OR CREMATORY McNeil Cemetery 23d. LOCATION (City, town, or county) (State) Dent County Missouri  
 24. FUNERAL DIRECTOR Way L. Garfield ADDRESS Salem, Mo. 25. DATE RECD. BY LOCAL REG. 4/13/61 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L. Wenzel

Licensed Embalmer No. 4170

P. O. Address Salem, Va.

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.