

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

192 -61-020752
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 192

AMENDED FILED JUL 6 1961

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		Length of stay in 1b 1 day	c. CITY OR TOWN Vienna, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jackson Twp.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle John Last Duffin			4. DATE OF DEATH Month June Day 26 , Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/21/1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 2 Days 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Michael Duffin		13b. MOTHER'S MAIDEN NAME Mary McMenemy		14. NAME OF HUSBAND OR WIFE Rebecca Duffin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	17. INFORMANT Address Rebecca Duffin, Vienna, 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) acute anterior myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 12 hours	
DUE TO (b) arteriosclerosis					years	
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	
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 checked="" 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 June 26/61 to June 26/61 and last saw him alive on June 26/61 Death occurred at just 06/61 8:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Dean A. Dwyer M.D.			22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 6-26-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/29/61	23c. NAME OF CEMETERY OR CREMATOR Vienna Cemetery	23d. LOCATION (City, town, or county) Vienna, Mo.			
FURNERAL DIRECTOR W.C. Cunningham	ADDRESS Vienna, Mo.	25. DATE RECD. BY LOCAL REG. 27 June 1961	26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. - M. Richter, D.D.			

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1961 JUL 12 1961

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed McParrin

Licensed Embalmer No. 3664
P. O. Address Vienna, Mo

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.