

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036551

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1019B

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>              |  | c. CITY OR TOWN <u>Mtn. Grove</u>  |  |
| Length of stay in 1b<br><u>10 days</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Burge Hospital</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>R. F. D. 4</u>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>BESSIE</u> Middle <u>LOIS</u> Last <u>DUKE</u> |  |  | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>23</u> Year <u>1961</u> |  |  |
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|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-9-1907</u> | 9. AGE (last birthday)<br><u>54</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>Webb City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S.</u> |
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| 13a. FATHER'S NAME<br><u>C. F. Wimberley</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Lucy Brackett</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Irven O. Duke</u> |
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| 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<br><u>Irven O. Duke, Rt. 4, Mtn. Grove, Mo.</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>about 20 hrs</u>  |
| Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.<br>DUE TO (b) <u>Acute cholecystitis - spontaneous perforation + Peritonitis before hospitalization</u> |  | <u>1 week</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)<br><u>pt operated - cholecystectomy 10/14/61</u>                   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|---|--|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>Hour <u>  </u> s.m. <u>  </u> p.m. <u>  </u> | 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 |
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| 21. I attended the deceased from <u>10/14/61</u> to <u>10/23/61</u> and last saw her <u>  </u> alive on <u>10/22/61</u><br>Death occurred at <u>6:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE<br><u>W. Roland Layton M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>Springfield</u> | 22c. DATE SIGNED<br><u>10/24/61</u> |
|--|------------------------------------|-------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL<br><u>REMOVAL</u> | 23b. DATE<br><u>10-23-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hillcrest Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Mountain Grove, Missouri</u> |
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| 24. FUNERAL DIRECTOR<br><u>Russell W. Barber, Mtn. Grove, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>10-30-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Effie E. Meeton</u> |
|---|---|---|

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

*Did*

**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 *L. Basilie Gorman*

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.