MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-005233
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 6

FILED JAN 23 1962

1. PLACE OF DEATH
a. COUNTY: Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Townshp
Length of stay in Ib: 2yr 6mo 5da
c. CITY OR TOWN: Rogersville
Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #3
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Rt. 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Edgar Middle: Lee Last: Duff
4. DATE OF DEATH: Month: Jan Day: 5 Year: '62

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-15-05
9. AGE (last birthday): 56
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Turner Station, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Duff
13b. MOTHER'S MAIDEN NAME: Clara Hooper
14. NAME OF HUSBAND OR WIFE: Goldie Duff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: hospital record Address

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): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: very short interval

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): coronary sclerosis — unknown
DUE TO (c): arteriosclerotic heart disease — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic brain syndrome, assoc c̄ CNS syphilis

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 7-1-59, to 1-5-62 and last saw him alive on 1-5-62
Death occurred at 8:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible], M.D. (Degree or title)
22b. ADDRESS: Nevada State Hospital
22c. DATE SIGNED: 1-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 1-6-1962
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Rainey Funeral Home, Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: Jan 15-1962
26. REGISTRAR'S SIGNATURE: Annal E Jerry

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JAN 24 1962

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. Stanley Ferry

Licensed Embalmer No. 4960

P. O. Address Newcastle, Me

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.