

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014838

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 666

FILED MAY 7 1962

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in lb 64RS
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY Greene
 c. CITY OR TOWN Springfield Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Lloyd Baxter DUFF APRIL - 25 - 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug. 22 - 1889 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months 8 Days 9 IF UNDER 24 HR Hours 9 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) Dallas Co, MO 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Samuel A. Duff 13b. MOTHER'S MAIDEN NAME Sarah M. West 14. NAME OF HUSBAND OR WIFE Rena Duff

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

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pneumonia, bronchial, hypostatic INTERVAL BETWEEN ONSET AND DEATH 3-4 days
 DUE TO (b) Cerebral vascular accident 6 days
 DUE TO (c) Arteriosclerotic Hypertensive Cardiovascular Disease since 1960 at least
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholesterol 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. Month, Day, Year 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 1960 to 4-25-62 and last saw him alive on 4-25-62
 Death occurred at Burge Hosp, Spfld, MO 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James E. Kiahl, MD 22b. ADDRESS 16300 Jefferson Ave Springfield 2 Missouri 22c. DATE SIGNED 27 Apr. '62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-28-1962 23c. NAME OF CEMETERY OR CREMATORY Hopewell Cem. 23d. LOCATION (City, town, or county) (State) Polk Co, MO

24. FUNERAL DIRECTOR Allen W. Vaughan, Urbana, MO. ADDRESS 25. DATE RECD. BY LOCAL REG. 4-30-62 26. REGISTRAR'S SIGNATURE Effie E. Melton

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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MAY 8 1962

Permit renewed 4-25-62

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 Allen W. Laughon

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.