

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4645**

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **3023** Registrar's No. **64**

422

1. PLACE OF DEATH
a. COUNTY **HENRY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo** b. COUNTY **Henry**

b. CITY (If outside corporate limits, write RURAL and give township) **Clinton** c. LENGTH OF STAY (In this place) **3 years**

c. CITY (If outside corporate limits, write RURAL and give township) **Clinton** d. STREET ADDRESS (If rural, give location) **East Ohio St**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Home**

3. NAME OF DECEASED (Type or Print)
a. (First) **Jetta** b. (Middle) **MAE** c. (Last) **DUKES**

4. DATE OF DEATH (Month) (Day) (Year) **MAR 9 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Oct 23 1888** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House work** 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Benton Co Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **FIFER** 13b. MOTHER'S MAIDEN NAME **MILLER** 14. NAME OF HUSBAND OR WIFE **HARRISON DUKES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Harrison Dukes** ADDRESS **Clinton Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Metastatic Carcinoma of chest + Medication**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of breast**

DUE TO (c) **None**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

INTERVAL BETWEEN ONSET AND DEATH
5 months
2 years
170X

19a. DATE OF OPERATION **June 1948** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of right breast with axillary metastasis**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct 7, 1947**, to **March 9, 1950**, that I last saw the deceased alive on **March 7, 1950**, and that death occurred at **4:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degrees or title) **S. B. Wyles M.D.** 23b. ADDRESS **Clinton Mo** 23c. DATE SIGNED **3/10/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Buried** 24b. DATE **3/11/50** 24c. NAME OF CEMETERY OR CREMATORY **Tels cem** 24d. LOCATION (City, town, or county) (State) **Henry Mo**

DATE REC'D BY LOCAL REG. **3-11-1950** REGISTRAR'S SIGNATURE **Florence Adair** 422 FEMERAL DIRECTOR'S SIGNATURE **J. E. Connelley** ADDRESS **Clinton Mo**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 17 1950

RECEIVED
District Health Officer No. 7
District File Number 2-50-20
Date Filed 3-13-50

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
Student Embalmer

Signed J. E. Lousoew

Licensed Embalmer No. 1891

P. O. Address Clinton

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 this body is not embalmed, fact should be so stated above.