

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22807

State File No.

FILED AUG 2 - 1954

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 3

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u> | |
| c. LENGTH OF STAY (In this place) <u>12 days</u> | | 0420 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Osteopathic Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>No street addresses in town</u> | |

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|-------------------------------------|-------------------------|----------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Rhoda</u> | b. (Middle) <u>X</u> | c. (Last) <u>Dukes</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>July 26 1954</u> |

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|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 1, 1874</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|------|

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|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Henry Co. Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Jefferson Abney</u> | 13b. MOTHER'S MAIDEN NAME <u>Sally Adkins</u> | 14. NAME OF HUSBAND OR WIFE <u>Harvey Dukes</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war and date of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Dukes</u> | ADDRESS <u>Deepwater, Mo</u> |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> | | <u>2 wks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerulonephritis 15 yrs</u> DUE TO (c) <u>arteriosclerosis</u> | | <u>unknown</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | | <u>446 X</u> |

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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| | | |

22. I hereby certify that I attended the deceased from 1940, to July 26, 1954, that I last saw the deceased alive on July 26, 1954, and that death occurred at 11:15 A m., from the causes and on the date stated above.

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|---|---|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>105 E Ohio, Clinton</u> | 23c. DATE SIGNED <u>7-27-54</u> |
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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 28, 54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u> |
|---|------------------------------|---|--|

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|--|--|---|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>July 28-54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Clinton, Missouri</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.