

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043865

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

FILED JAN 5 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 986

300  
1-57

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 OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Golden Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>Golden Rest Home</u>	
Length of stay in lb <u>1 yr</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
<u>HARRISON P DUKES</u>			<u>Dec 30 1958</u>		

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	<u>Feb 26 1874</u>		Months <u>10</u>	Days <u>4</u> Hours <u>-</u> Min. <u>-</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Benton County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>Olleta Coleman now with Calif</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Vasculars Collapse</u>		
DUE TO (c) <u>CORONARY OCCLUSION + Infarction</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARDIO VASCULAR DISEASE</u>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>Dec. 1. 1958</u> , to <u>Dec. 30</u> and last saw <u>him</u> alive on <u>Dec. 30. 1958</u> Death occurred at <u>5: AM</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Arturo Gonzalez DO</u>	22b. ADDRESS <u>2 717 E Jefferson Clinton</u>	22c. DATE SIGNED <u>1-2-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-1-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Telbo Cemetery</u>	23d. LOCATION (City, town, or county) <u>Henry County</u>	(State) <u>MO</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Schubert, FH Clinton MO</u>	25. DATE RECD. BY LOCAL REG. <u>1-3-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 \_\_\_\_\_

Licensed Embalmer No. 4513

P. O. Address. Clinton Md.

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.