

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001352

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 36

FILED FEB 13 1962

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><u>Henry</u>  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><u>Clinton</u> | a. STATE<br><u>Missouri</u>   | b. COUNTY<br><u>Henry</u>   |
| Length of stay in 1b<br><u>Life</u>  |  | c. CITY OR TOWN<br><u>Clinton</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>618 East Ohio</u> |  | d. STREET ADDRESS<br>(If outside, give location)<br><u>618 East Ohio St</u>           | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|                                     |                       |                    |                     |                  |                      |                 |                     |
|-------------------------------------|-----------------------|--------------------|---------------------|------------------|----------------------|-----------------|---------------------|
| 3. NAME OF DECEASED (Type or print) | First<br><u>Allie</u> | Middle<br><u>I</u> | Last<br><u>Duff</u> | 4. DATE OF DEATH | Month<br><u>Feb.</u> | Day<br><u>1</u> | Year<br><u>1962</u> |
|-------------------------------------|-----------------------|--------------------|---------------------|------------------|----------------------|-----------------|---------------------|

|                         |                              |   |                                      |                                     |  |                |
|-------------------------|------------------------------|---|--------------------------------------|-------------------------------------|--|----------------|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-21-1871</u> | 9. AGE (last birthday)<br><u>91</u> | IF UNDER 1 YEAR<br>Months<br>Days<br>Hours<br>Min. | IF UNDER 24 HR |
|-------------------------|------------------------------|---|--------------------------------------|-------------------------------------|--|----------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housekeeping</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>Clinton Mo</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U S A</u> |
|--|-----------------------------------|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><u>Nathanel H Duff</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Louise Messick</u> | 14. NAME OF HUSBAND OR WIFE<br><u>None</u> |
|--|--|--|

|   |  |   |                              |
|---|--|---|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT<br><u>Lillie Consalus</u> | Address<br><u>Clinton Mo</u> |
|---|--|---|------------------------------|

|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: |                                    | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a)   | <u>Medullary failure</u>           |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.            | <u>Thrombotic encephalomalacia</u> |                                  |
| DUE TO (b)  | <u>Arteriosclerosis</u>            |                                  |
| DUE TO (c)  |                                    |                                  |

|   |  |
|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

|   |                  |
|---|------------------|
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m. | Month, Day, Year |
|---|------------------|

|  |  |   |
|--|--|---|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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<br>COUNTY<br>STATE |
|--|--|---|

21. I attended the deceased from Aug 15, 1953 to Feb 1, 1962 and last saw her <sup>her</sup> <sub>him</sub> alive on Jan 31, 1962  
Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                   |                                    |  |
|---|-----------------------------------|------------------------------------|--|
| 22a. SIGNATURE<br><u>R. E. Harbaugh</u> | (Degree or title)<br><u>D. O.</u> | 22b. ADDRESS<br><u>Clinton Mo.</u> | 22c. DATE SIGNED<br><u>Feb 3, 1962</u> |
|---|-----------------------------------|------------------------------------|--|

|  |                            |  |  |
|--|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>2-3-62</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Englewood Cem</u> | 23d. LOCATION (City, town, or county)<br><u>Clinton Mo</u> |
|--|----------------------------|--|--|

|  |                              |   |  |
|--|------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><u>Sickman &amp; Dunning</u> | ADDRESS<br><u>Clinton Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Feb 6 - 1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum By</u> |
|--|------------------------------|---|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. M.R.

Dr Harbaugh call when ready

JUL 17 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 R. G. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton M

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.