

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 119

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5106</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lincoln, Rural Cole Twp</u>) c. LENGTH OF STAY (in this place) <u>20 yrs</u>				c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lincoln Rural Cole Township</u>)				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #2</u>				d. STREET ADDRESS (If rural, give location) <u>Route #2 14 Miles Southwest</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zola</u> b. (Middle) <u>Alice</u> c. (Last) <u>Dukeshier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31st 1949</u>					
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>August 1st 1880</u>		
				9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>30</u> 11. IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Ridgeway</u>			13b. MOTHER'S MAIDEN NAME <u>Andersen</u>			14. NAME OF HUSBAND OR WIFE <u>John Dukeshier</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Dukeshier Lincoln Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Cardio-renal disease.</u> DUE TO (c) <u>Obesity-old age-chronic rheumatism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>----</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4322</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>				
22. I hereby certify that I attended the deceased from <u>1-2-49</u> , 19 <u> </u> , to <u>1-31-49</u> , 19 <u> </u> , that I last saw the deceased alive on <u>1-26-49</u> , 19 <u> </u> , and that death occurred at <u>6.00 PM</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. A. Marty, M. D.</u>				23b. ADDRESS <u>Lakeview Heights, Mo</u>		23c. DATE SIGNED <u>2-2-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-3-49</u>		REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eickhoff</u>		ADDRESS <u>Cole Camp Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 1-49-2

Date Filed 2-7-49

APR 11 1949

APR 1 1952

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.

Signed E. C. Eickhoff

Signed _____

Student Embalmer

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.