

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40638**

FILED JAN 4 1952

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 6106 Registrar's No. 97

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

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 town or township) <u>Cole Township</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Cole Township</u>		d. STREET ADDRESS (If rural, give location) <u>14 Miles South West of Cole Camp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 Miles South West, Cole Camp</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <u>John</u>	b. (Middle) <u>---</u>	c. (Last) <u>Dukeshier</u>	(Month) <u>Dec</u>	(Day) <u>24th</u> (Year) <u>1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 14th 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Dukeshier</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Zola Alice Dukeshier</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 or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Josia Robinsin</u> ADDRESS <u>Kansas City 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paranasal sinusitis with cerebral meningitis.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS: <u>malnutrition</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Benton</u> (COUNTY) <u>Mo.</u> (STATE)
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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?
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22. I hereby certify that I attended the deceased from 12/23, 1951, to 12/23, 1951, that I last saw the deceased alive on 12/23, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold B. White</u>	23b. ADDRESS <u>Lincoln Missouri</u>	23c. DATE SIGNED <u>12/27/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 26th 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>3 Miles S.W. Cole Camp Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 27, 1951</u>	REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eickhoff</u> ADDRESS <u>Cole County Mo</u>
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RECEIVED JAN 3 1952

DISTRICT HEALTH OFFICE No. 3

District File Number 267 *1 847*

Date Filed JAN 3 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.

Student _____
Student Embalmer

Signed

E L Eckhoff

Licensed Embalmer No. 790

P. O. Address Col Camp No

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.