S. No. 300
Rev. 10-48

0070
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

126

State File No. .....

FILED JAN 21 1952

BIRTH NO. ..... REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL.
c. LENGTH OF STAY (In this place): 70 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 MYRTLE ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL. 0070
d. STREET ADDRESS (If rural, give location): 105 MYRTLE ST. 0

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) POWELL c. (Last) DUFFIELD

4. DATE OF DEATH (Month) (Day) (Year) JAN-13-1951

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED. 3
8. DATE OF BIRTH MAY-15-1878
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER
10b. KIND OF BUSINESS OR INDUSTRY: COAL.
11. BIRTHPLACE (State or foreign country): KANSAS. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: DAVID DUFFIELD
13b. MOTHER'S MAIDEN NAME: MARGARETTE POWELL
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 487-16-4487
17. INFORMANT'S SIGNATURE OR NAME Fred Duffield — ADDRESS Bakersfield, Calif.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [signature] — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 163X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 2, 1952, *to* Jan 13, 1952, *that I last saw the deceased alive on* Jan 12, 1952, *and that death occurred at* 8:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 0
23b. ADDRESS Rich Hill Mo
23c. DATE SIGNED Jan 16 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN-15-1952
24c. NAME OF CEMETERY OR CREMATORY GREENLAWN
24d. LOCATION (City, town, or county) (State) RICH HILL MISSOURI.

DATE REC'D BY LOCAL REG. Jan. 16. 1952
REGISTRAR'S SIGNATURE Mrs. Edna Douglass 21-1
25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Serv. **ADDRESS** Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 21 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 21 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 John G Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.