

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 4090 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>Carter</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hunter</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>0180</u> OR TOWN <u>Hunter</u> <u>0</u> | |
| c. LENGTH OF STAY (in this place) <u>50</u> years | | d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hunter Missouri</u> | | | |

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|-------------------------------------|-------------------------|----------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JAMES</u> | b. (Middle) <u>WILLIAM</u> | c. (Last) <u>DUKE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2/2/1952</u> |
|-------------------------------------|-------------------------|----------------------------|-----------------------|---|

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| 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>9/15/1876</u> | 9. AGE (in years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Mins. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Tuscalusa, Alabama</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>General A. Duke</u> | 13b. MOTHER'S MAIDEN NAME <u>Matilda Buchanan</u> | 14. NAME OF HUSBAND OR WIFE <u>Mattie Bell Duke</u> |
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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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James Duke Bolling Green, Mo.</u> | ADDRESS |
|--|-------------------------------------|--|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> | | |
| | ANTECEDENT CAUSES Morbidity 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) (COUNTY) (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 Feb. 28, 1948, to March 23, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 2:10 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. L. ... M. D.</u> | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | 23c. DATE SIGNED <u>Feb. 4, 51</u> |
|---|---------------------------------------|------------------------------------|

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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/4/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb. 11-1952</u> | REGISTRAR'S SIGNATURE <u>Mrs Octa Herndon</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch</u> | ADDRESS <u>Poplar Bluff, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

180

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 Joseph R. Matlock
Licensed Embalmer No. 4824

P. O. Address Poolar Bluff, Missouri

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.