S. No. 300
v. 10.48

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1818

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 9

532
0

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Franklin T. S. 0530
d. STREET ADDRESS (If rural, give location): Competition

3. NAME OF DECEASED (Type or Print)
a. (First): William George
b. (Middle):
c. (Last): Duskin

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15 1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Jan. 4 1880
9. AGE (In years Last birthday): 72 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Livingston Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Duskin
13b. MOTHER'S MAIDEN NAME: Mary Blackwell
14. NAME OF HUSBAND OR WIFE: Effie Wells Duskin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. W. G. Duskin Competition Mo.

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) Anemia Severe Secondary to
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostate Hypertrophy
DUE TO (c) Avitaminosis & arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture 4th Lumbar Vertebrae 1/9/52

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 610 X F
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* 8 Nov, 1949, *to* 1/15, 1952, *that I last saw the deceased alive on* Jan 15, 1952, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A Jenkins MD. 0
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: 1/Jan/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Jan. 17 1952
24c. NAME OF CEMETERY OR CREMATORY: Lebanon
24d. LOCATION (City, town, or county) (State): Lebanion Mo.

DATE REC'D BY LOCAL REG.: 1-19-1952
REGISTRAR'S SIGNATURE: Nella L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Pulmis Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

Received JAN 2 6 1952
Laclede County Health Unit
File No. 1-52-1
Date Filed JAN 2 9 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 S. P. Palmer
Licensed Embalmer No. 2208
P. O. Address Lebanon 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.