

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1060
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BIRTH NO. _____ REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 478 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hollistor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Taneyville	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Taneyville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hollistor Rest home			

3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) CHARLES c. (Last) DUWARK			4. DATE OF DEATH (Month) (Day) (Year) April 20 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 15, 1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 3 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer retired		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edgar Charles Duwark	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Betty Duwark
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Betty Duwark, Taneyville, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **4/20/1952** to **4/22/1952**, that I last saw the deceased alive on **4/20/1952** and that death occurred at **10 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS Taneyville, Mo	23c. DATE SIGNED 4/27/52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4/22/1952	24c. NAME OF CEMETERY OR CREMATORY Dickens Cemetery	24d. LOCATION (City, town, or county) (State) Dickens, Mo
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DATE REC'D BY LOCAL REG. Apr. 29-52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	370-0	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Taneyville, Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 Walter S. Cook

Licensed Embalmer No. 4731

P. O. Address Seabrook, Md

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.