

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29149

State File No.

FILED SEP 10 1952

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> <u>0930</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedarossee</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. LENGTH OF STAY (in this place)	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Eldorado Springs Mo</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elleth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Duke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>May 31-1870</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	
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>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Duke</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Griner</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Lee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Ponder</u> ADDRESS <u>Appleton City Mo</u>	

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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure.</u> ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2</u> years
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1952, to Aug., 1952, that I last saw the deceased alive on 2 Sept, 1952, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert O. Olson, M.D.</u>		23b. ADDRESS <u>Appleton City Mo</u>		23c. DATE SIGNED <u>4 Sept 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Crest</u>	
24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u> ADDRESS <u>Appleton City Mo</u>			
DATE REC'D BY LOCAL REG <u>Sept 5-1952</u>		REGISTRAR'S SIGNATURE <u>Alvo Atney</u> <u>285</u>			

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~~

working under my personal supervision.

Student Embalmer No.....

Signed.....

H. J. Vassant

Signed.....
Student Embalmer

Licensed Embalmer No. *3729*

P. O. Address *Clinton, 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.