

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34045**

**REC'D** OCT 3 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4539</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville 1110</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CYNTHIA</u> b. (Middle) <u>EVELYN</u> c. (Last) <u>DUCKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-52</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-17-1871</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>26</u> Days _____ Hours _____		IF UNDER 24 HRS. _____		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Williamsville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Hendrick</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Stratten</u>		14. NAME OF HUSBAND OR WIFE <u>John R. Duckett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John R. Duckett</u> ADDRESS <u>Poplar Bluff, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9-13-52</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>331X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 <u>8-25</u> , 1952, to <u>9-13</u> , 1952, that I last saw the deceased alive on <u>8-25</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. L. Brandon</u> M.D.				23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>9-16-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Williamsville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 26, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u> 460		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon H. Gosh</u> ADDRESS <u>Chilmon, Mo.</u>				

RECEIVED

SEP 29 1952

WAYNE CO. HEALTH CENTER

FILE No. 952-54

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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.....

*me*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Martin E Bowler* .....

Licensed Embalmer No. 4826 .....

P. O. Address *Biedmont, Va.* .....

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.