

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2358

FILED JAN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Polk Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Greene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Greene</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Andrew</u> c. (Last) <u>DUFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-1954</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Oct-17-1867</u>	9. AGE (In years) (Last birthday) <u>86</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>2</u> Days <u>19</u> <input type="checkbox"/> UNDER 1 HR. Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Rame Co, Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Abram Duff</u>		13b. MOTHER'S MAIDEN NAME <u>Morthe Gibson</u>	
14. NAME OF HUSBAND OR WIFE <u>Scarb M. Duff</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Baxter Duff Urbana 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cecum</u>		ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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>153 X</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 Nov, 1953, to Jan 6, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 12 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Bailey</u> (Degree or title) <u>2 DO</u>		23b. ADDRESS <u>Urbana Mo</u>		23c. DATE SIGNED <u>Jan 5 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirks Chapel Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Dallas Co, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen W. Vaughan Urbana Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-9-54</u>		REGISTRAR'S SIGNATURE <u>Ralph Holden</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.**