

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

FILED DEC 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. 36474

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Bates b. CITY Butler c. LENGTH OF STAY 8 days d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Bates c. CITY OR TOWN Butler d. STREET ADDRESS 707 W. Ft. Scott St

3. NAME OF DECEASED a. (First) Florence b. (Middle) Letitia c. (Last) Duvall 4. DATE OF DEATH 12-3-1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH April 9, 1874 9. AGE 80

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE Butler, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME R.G. Hartwell 13b. MOTHER'S MAIDEN NAME Mary 14. NAME OF HUSBAND OR WIFE J.B. Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Armond H. Duvall ADDRESS Okla. City, Okla.

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH acute angina ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS renal failure

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443 X 20. AUTOPSY? YES NO A

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 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 Feb. 1853, to Dec. 3rd, 1954, that I last saw the deceased alive on Dec. 3rd, 1954, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. S. Lathrop, M.D. (Degree or title) 23b. ADDRESS Butler, Missouri 23c. DATE SIGNED 12-4-54

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 12-7-54 24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery 24d. LOCATION Butler, Missouri

DATE REC'D BY LOCAL REG. Dec. 11-54 REGISTRAR'S SIGNATURE Kendall Koverly FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver-Underwood Butler, Mo.

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.....
Signature of Student Embalmer

Signed..... *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.