

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7818**  
Registrar's No. **316**

FILED APR 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>50 years</b>	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2159 Kellett Avenue</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS <b>2159 Kellett Avenue</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>LEE</b> c. (Last) <b>DUKE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 6, 1955</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4 July 1886</b>	9. AGE (In years Last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common labor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mansfield, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>George Duke</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann King</b>		14. NAME OF HUSBAND OR WIFE <b>Jane Duke</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or date of service) <b>W.W. 1</b>		16. SOCIAL SECURITY NO. <b>500-10-0936</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jane Duke, 2159 Kellett Avenue, Springfield, Missouri.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis, small bowel</b>		INTERVAL BETWEEN ONSET AND DEATH <b>approx 6 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <b>Malignant, severe</b>		
	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 <b>None</b>	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) (Minute)	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 **1954**, to **6 Apr**, 19**55**, that I last saw the deceased alive on **23 March 55**, and that death occurred at **6:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry E. Knabe M.D.</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>7 Apr 55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8 April 1955</b>	24c. NAME OF CEMETERY OR OCEMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri.</b>		

DATE REC'D BY LOCAL REG. <b>4-8-55</b>	REGISTRAR'S SIGNATURE <b>Edw. Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred C. Thiem</b>	ADDRESS <b>Springfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1956

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3681  
Springfield,  
P. O. Address Missouri.....

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.