

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30177**

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 296
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN Shelbyville Missouri	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		e. STREET ADDRESS (If rural, give location) 1020		
3. NAME OF DECEASED (Type or Print) a. (First) Rachel McDuffee		b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) September 24, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH December 27, 1901	9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not employed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Atlanta Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Albert McDuffee		13b. MOTHER'S MAIDEN NAME Ollie Carnahan	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Albert McDuffee ADDRESS Shelbyville Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Residual paralysis both legs from Polio myelitis		INTERVAL BETWEEN ONSET AND DEATH 2 hours 30 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331X	
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 9-12-55 , 19___, to 9-24-55 , 19___, that I last saw the deceased alive on 9-24-55 , 19___, and that death occurred at 2:20 P m. , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		(Degree or title)	23b. ADDRESS M. D. 100 N. Sixth, Hannibal, Missouri	23c. DATE SIGNED 10-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/27/55	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Shelbyville Missouri	
DATE REC'D BY LOCAL REG Oct 4 1955	REGISTRAR'S SIGNATURE <i>[Signature]</i>	189.	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Hannibal Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 6 1955
MARION CO. HEALTH DEPT.
DATE FILED OCT 6 1955

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 *W. Crawford Smith*.....

Licensed Embalmer No..... 78

P. O. Address Hannibal, Miss.

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.