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

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41419**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4350** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Syracuse)	c. LENGTH OF STAY (in this place) 2 1/2 yrs	c. CITY OR TOWN Syracuse	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0710
d. FULL NAME OF HOSPITAL OR INSTITUTION *****		STREET ADDRESS (If rural, give location) *****	

3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) PEARL c. (Last) DUVALL			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 21, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home-making	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John R. Cordry		13b. MOTHER'S MAIDEN NAME Sophie Downs Cordry		14. NAME OF HUSBAND OR WIFE Elliott K. Duvall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or date of service) *****		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Susan Lewis, Rt. 1, Otterville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate	
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) Coronary Occlusion			
		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		4201	
		Conditions contributing to the death but not related to the disease or condition causing death.			

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) Syracuse Morgan Missouri	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Gene J. Bartram (Degree or title)		23b. ADDRESS Versailles Mo		23c. DATE SIGNED 10 Dec '55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/11/55		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
				24d. LOCATION (City, town, or county) (State) Otterville, Mo.	

DATE REC'D BY LOCAL REG. 12/10/55		REGISTRAR'S SIGNATURE J. L. Hasbun		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Healy Funeral Home, Otterville, Mo.	
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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 *Ralph E. Baker*.....

Licensed Embalmer No. *24*.....

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.