

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40331**

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **4514** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City			c. LENGTH OF STAY (In this place) 15 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City			1058	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green City				d. STREET ADDRESS (If rural, give location) No street address				
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Eugene		c. (Last) Duffie		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 1904		9. AGE (In years last birthday) 52	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) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Farm machinery		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Abe Gardner Duffie		13b. MOTHER'S MAIDEN NAME Ella Hayward		14. NAME OF HUSBAND OR WIFE Julia Reva Duffie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) No		16. SOCIAL SECURITY NO. 48E-12-7548		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Reva Duffie, Green City, Mo.				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				instant				
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				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)		4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11/10 , 19 56 , to 11/20 , 19 56 that I last saw the deceased alive on 11/20 , 19 56 , and that death occurred at 5:15 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. E. T. Duffie M.D.				23b. ADDRESS Green City, Missouri		23c. DATE SIGNED 11/26/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Mo.			
DATE REC'D BY LOCAL REG. H-27-56		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Leathman, Green City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

525

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.