THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1956

STATE FILE NUMBER 42033

Registration District No. 172 Primary Registration District No. 5642 Registrar's No. 92

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Middleton — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5 mi. W. Waverly — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Rural 054 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4½ mi. S/W of Waverly — Reside on Farm: Yes ☒ No ☐

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3. NAME OF DECEASED (Type or print): First: Louise Middle: Last: Duvall

4. DATE OF DEATH: Month 12 Day 8 Year 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 5-12-1884

9. AGE (In years last birthday): 72 — 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): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Warren County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis Duvall

14. MOTHER'S MAIDEN NAME: Caroline Kukemeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John Duvall Address: Carrollton Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE: (a) multiple fractures and contusions left
(b) multiple compound fractures, L and R femurs
(c) Possibly shock fracture
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) multiple fractures between sleep
DUE TO (c) shock, fatal
(d) compound fracture of femur, L side of face, L side of body

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 8161 36

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): motor car - truck collision

20c. TIME OF INJURY: Hour ~~a. m.~~ p. m. about 4 — Month, Day, Year: 12-7-56

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Waverly Highway DD

20f. CITY, TOWN, OR LOCATION: Waverly — COUNTY: Lafayette — STATE: Mo

21. I attended the deceased from 12-7-56, to 12-8-56 and last saw her alive on 12-7-56

Death occurred at 3:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Douglas Kelley (Degree or title) M. D.

22b. ADDRESS: Waverly Mo

22c. DATE SIGNED: 12-9-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-10-1956

23c. NAME OF CEMETERY OR CREMATORY: Waverly Cemetery

23d. LOCATION (City, town, or county) (State): Waverly Missouri

24. FUNERAL DIRECTOR: M. D. Bailey — ADDRESS: Waverly Mo.

25. DATE REC'D BY LOCAL REG.: Dec. 10-1956

26. REGISTRAR'S SIGNATURE: Clayton H. Landrum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out the symptoms and diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Morris D. Bailey...

Licensed Embalmer No....4

P. O. Address.W. [illegible]

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.