

STANDARD CERTIFICATE OF DEATH

37367

STATE FILE NUMBER

FILED NOV 1 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10042

300
1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI ILLINOIS b. COUNTY PIKE		
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NEW CANTON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 35 HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Length of stay in lb 9 DAYS	d. STREET ADDRESS 32 NONE		(If outside, give location) 812² Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EARL Middle WARD Last DUCKWORTH			4. DATE OF DEATH Month 10 Day 25 Year 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-27-94	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NEW CANTON ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOEL LEONARD DUCKWORTH		13b. MOTHER'S MAIDEN NAME MARY ELLEN WARD		14. NAME OF HUSBAND OR WIFE CHRISTINA DUCKWORTH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 354-10-0133		17. INFORMANT VA HOSP RECORDS 915 N GRAND ST LOUIS MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute and chronic pyelonephritis					Unk.
DUE TO (c) Prostatic urinary obstruction					Unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610x					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-16-57 to 10-25-57 and last saw him live on 10-25-57 Death occurred at 8:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. L. Howard (Degree or title) M. D.			22b. ADDRESS VAH. ST. LOUIS, MISSOURI		22c. DATE SIGNED 10-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/26/57	23c. NAME OF CEMETERY OR CREMATORY New Canton, Mo		23d. LOCATION (City, town, or county) (State) New Canton, Mo
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.			25. DATE RECD. BY LOCAL REG. OCT 28 57		26. REGISTRAR'S SIGNATURE J. Carl Smith MD <i>m & B</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Harley J. Koubel Jr*
Licensed Embalmer No. *4950*
P. O. Address *St. Paul 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.