

Dept. Health,
J. S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47428
STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 123

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Lawrence County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marionville,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Home for the Aged		Length of stay in lb 8 years	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rose Middle Duckworth Last Ditto			4. DATE OF DEATH Month Dec. Day 25 Year 1957		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 12, 1871	9. AGE (In years) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rochdale England	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Harry Ditto	
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. no	17. INFORMANT Address Methodist Home Marionville, 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) Pneumonia, lobar				INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia, Bronchial.					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.) 490X			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 5-30-57 to 12-25-57 and last saw her/him alive on 12-24-57 . Death occurred at 9:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dedee or title) Allen Dean Schmidt, P.O. 2			22b. ADDRESS Marionville, Mo.		22c. DATE SIGNED 12-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 27, 1957	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis, Co. Missouri.
24. FUNERAL DIRECTOR J. B. Surridge		ADDRESS Marionville, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 26, 1957	26. REGISTRAR'S SIGNATURE Ora Mc Natt

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *William A. Fuller*

Licensed Embalmer No. *4658*

P. O. Address *Merionville*

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.