

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011152

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 23

300
1-57
909

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.

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Mem. Hosp.		Length of stay in lb 1 week	d. STREET ADDRESS (If outside, give location) 3 mi. NW of Richmond		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle EDGAR Last DUFFETT			4. DATE OF DEATH March 15, 1958		
5. SEX Male	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 July 8, 1873		9. AGE (In years lost birthday) 84 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, retired		10b. KIND OF BUSINESS OR INDUSTRY Grain & livestock		11. BIRTHPLACE (City and state or country) Ray County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Duffett		13b. MOTHER'S MAIDEN NAME Mary A. Reavis	
14. NAME OF HUSBAND OR WIFE Mary Ellen Decker Duffett		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. ---	
17. INFORMANT Elmer Duffett, Camden, 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) Fracture of left femur Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia - 3 days.		INTERVAL BETWEEN ONSET AND DEATH 6 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 if Part 18.) Fell out of chair	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3/9/58 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clement Rest Home	
20f. CITY, TOWN, OR LOCATION Richmond		20g. COUNTY Ray		20h. STATE Mo.	
21. attended the deceased from 6/23/52 to 3/15/58 and last saw him alive on 13/15/58 Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M. D. Crozier, M.D.		22b. ADDRESS Richmond, Mo	
22c. DATE SIGNED 3-17-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 17, 1958	
23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		23d. LOCATION (City, town, or county) Richmond, Mo.		24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.	
25. DATE RECD. BY LOCAL REG. 3-18-1958		26. REGISTRAR'S SIGNATURE Maluel Jackson			

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, ~~xxx~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Zam. L. Thurman*

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.

x	Ray	Missouri	x	Richmond township	Ray
x	March 15, 1950	DUFFETT	x	Ray County Mem. Hosp. 1 week	Henry Duffett
	81	July 8, 1913	x	white	Farmer, retired
	U.S.A.	Ray County, Mo.		Grain & Livestock	Larry A. Beavis
	Larry Ellen Becker Duffett	Elmer Duffett, Oambaw, Mo.			

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