

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017267
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 55

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in lb 35 yrs	d. STREET ADDRESS (If outside, give location) 1406 Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE E DUCKETT			4. DATE OF DEATH Month Day Year June 2 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 30 1886		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon-		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Cedarville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Thomas H. Duckett		13b. MOTHER'S MAIDEN NAME Matilda Baylor		14. NAME OF HUSBAND OR WIFE Leona Weed Duckett	
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. 492-36-9191	17. INFORMANT Address Dr. Thomas G. Duckett, Hiawatha, Kansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis -					INTERVAL BETWEEN ONSET AND DEATH 10 years -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 002X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombosis of left femoral artery					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> 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 1946 to June 2, 1958 and last saw him alive on June 2, 1958 Death occurred at 3:48 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles F. Shell, M.D.		22b. ADDRESS 201 W. 3rd, Coalinga, Mo.		22c. DATE SIGNED 6/2/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE JUN 4 '58	23c. NAME OF CEMETERY OR CREMATORY Cook Cemetery		23d. LOCATION (City, town, or county) (State) Barton County, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. JUN 3 '58		26. REGISTRAR'S SIGNATURE Marie Konantz	

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 *Norman L. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamar, 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.