. Health,
& Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026179
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 328

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MARCELINE — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. FRANCIS HOSP. — Length of stay in 1b: 24 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: LINN
c. CITY OR TOWN: MARCELINE — 0581 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 129 W. HAUSER — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First MATTIE — Middle C. — Last DUELL
4. DATE OF DEATH: Month 7/ Day 1/ Year 1958

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: 7/17/1874
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

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): CAMDEN, MO. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: TIFFIN CONRAD
13b. MOTHER'S MAIDEN NAME: SALLIE KITE
14. NAME OF HUSBAND OR WIFE: CHARLES (DEC)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: GRACE DUELL — Address: MARCELINE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis c̄ Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
INTERVAL BETWEEN ONSET ~~AND~~ DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Linitus Plastica Stomach
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1955, to 7-1-58 and last saw her/him alive on 7-1-58
Death occurred at 6:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Marceline, Mo
22c. DATE SIGNED: 7-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 7/3/58
23c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET
23d. LOCATION (City, town, or county) (State): MARCELINE, MO.

24. FUNERAL DIRECTOR: James McLaughlin — ADDRESS: MARCELINE, MO.
25. DATE RECD. BY LOCAL REG.: 1-3-58
26. REGISTRAR'S SIGNATURE: Brookie Owens

(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 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 James B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.