Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040482
STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) FESTUS. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MT VIEW N.H. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JEFF
c. CITY OR TOWN DE SOTO 6500 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) STAR ROUTE Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FRED Middle (NONE) Last DUCKWALL

4. DATE OF DEATH Month NOV Day 30 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JUNE 8, 1870
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN
10b. KIND OF BUSINESS OR INDUSTRY RETAIL
11. BIRTHPLACE (City and state or country) SALEM, IND'
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM DUCKWALL
13b. MOTHER'S MAIDEN NAME WELLER
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT CLAUDE COOK Address DE SOTO, 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) Cardio vascular Disease — INTERVAL BETWEEN ONSET AND DEATH Worse 1 Mo.
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) 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 4-12-54, to 11-24-58 and last saw ~~her~~ him alive on 11-24-58
Death occurred at 10:55 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Dennell, M.D.
22b. ADDRESS 112 Mississippi Ave Crystal City, Mo.
22c. DATE SIGNED 12-2-58

23a. ~~BURIAL~~ CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-2-58
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN
23d. LOCATION (City, town, or county) DE SOTO (State) Mo

24. FUNERAL DIRECTOR MAHN Funeral Home ADDRESS DE SOTO MO
25. DATE RECD. BY LOCAL REG. 12-2-58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 9 1959

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 Gerald J. Mehn

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.