

FILED VS MAY 23 1960

=60-019971

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5658 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Laurens (Unincorporated)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Laurens</u>			
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>R 7 R / Sarcosie</u>		Length of stay in lb <u>80 yr</u>		c. CITY OR TOWN <u>Sarcosie</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>				Include Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R 7 R Mo</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>NEOMA DUFF</u>				4. DATE OF DEATH Month Day Year <u>5/19-1960</u>			
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>wh</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/8/81</u>	
				9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>Tom Chandler</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Sager</u>		14. NAME OF HUSBAND OR WIFE <u>Geo S Duff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>				16. SOCIAL SECURITY NO. <u>44-44-9006</u>		INFORMANT Address <u>Fine Duff Sarcosie Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Lion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>8-31-55</u> to <u>5-16-60</u> and last saw her ^{him} alive on <u>5-16-60</u> Death occurred at <u>11:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. B. York, M.D.</u>				22b. ADDRESS <u>Sarcosie, Mo</u>		22c. DATE SIGNED <u>5-19-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/22/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sarcosie Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Sarcosie Cen</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Jackson & Sons Sarcosie Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-21-60</u>		26. REGISTRAR'S SIGNATURE <u>H. H. Fossell</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Wm H Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcastic

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.