

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5509

State File No.

BIRTH NO. FILED FEB 19 1954 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Pilot Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Pilot Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION California Mo		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Allen c. (Last) Duvall			4. DATE OF DEATH (Month) (Day) (Year) 2 10 54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 7/24/1948		9. AGE (In years last birthday) 5		10. IF UNDER 1 YEAR Months 6 Days 18	
11. BIRTHPLACE (State or foreign country) Moniteau County		12. CITIZEN OF WHAT COUNTRY? USA/			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME Harold Duvall		13b. MOTHER'S MAIDEN NAME Mildred Andres		14. NAME OF HUSBAND OR WIFE	
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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'S SIGNATURE OR NAME Harold Duvall, California, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Due to (b) Appendicitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days	
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19a. DATE OF OPERATION 2-8-54		19b. MAJOR FINDINGS OF OPERATION Peritonitis, ruptured appendix			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5501		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I, hereby certify that I attended the deceased from **2-7**, 19**54**, to **2-10**, 19**54**, that I last saw the deceased alive on **2-10**, 19**54**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE Kennon Latham M.D.		23b. ADDRESS California, Mo.		23c. DATE SIGNED 2-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/12/54		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) California, Mo.	

DATE REC'D BY LOCAL REG. 2/17/54		REGISTRAR'S SIGNATURE H. L. Pappas		25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. Williams	
				ADDRESS California, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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 this body is not embalmed, fact should be so stated above.