

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7866

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4134 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield, Mo</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>501 WATER ST.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home - 501 Water St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>J.</u> c. (Last) <u>DUNCAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 25 - 49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>NOV-11-1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas J. Divine</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Clayton Grant</u>	14. NAME OF HUSBAND OR WIFE <u>J. H. DUNCAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. B. DUNCAN; Independence, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 L1, 1949 to 3-25, 1949, that I last saw the deceased alive on 3-25, 1949, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. O. Cowan M.D.</u>	23b. ADDRESS <u>Greenfield Mo</u>	23c. DATE SIGNED <u>3-31-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carr's Chapel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>4 mi SE Greenfield, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-31-49</u>	REGISTRAR'S SIGNATURE <u>Geo L. Weir</u> 790	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jack Canada Greenfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 449-380

Date Filed 4-6-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.