

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20242

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5753 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dixon R3 (Boone Twp)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dixon R3 (Boone Twp)</b>	
c. LENGTH OF STAY (If in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>J</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Jane</b> c. (Last) <b>Duncan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23, 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	
8. DATE OF BIRTH <b>Feb. 12, 1858</b>		9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>11</b>	
IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Maries County, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Jesse Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Polly Shelton</b>		14. NAME OF HUSBAND OR WIFE <b>James R. Duncan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Stricklan, Dixon R3, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		DUE TO (b) <b>Fracture neck of the femur</b>		<b>48hrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b></b>		<b>3 days</b>	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED <b>20</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		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? <b>Patient fell over an object on floor</b>	

22. I hereby certify that I attended the deceased from **5/21/49**, 19\_\_\_, to **5/23/49**, 19\_\_\_, that I last saw the deceased alive on **5/23/49**, 19\_\_\_, and that death occurred at **11** A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. A. Guild DO 2</b>		23b. ADDRESS <b>Iberia, Mo.</b>		23c. DATE SIGNED <b>5/28/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 25, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Duncan Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Dixon R3 Missouri</b>			

DATE REC'D BY LOCAL REG. <b>6-9-49</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter P. Hedges Iberia, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**  
District Health Officer No. 9  
District File Number  
Date Filed JUN 21 1949

**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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.