

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23073
Registrar's No. 591-A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Shade mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp. D</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>W.</u> c. (Last) <u>Duncan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1949</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 13, 1877</u>	9. AGE (In years last birthday) <u>71</u>	10 UNDER 1 YEAR <u>11</u> Months	11 UNDER 1 MIN. <u>21</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Cottleville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Yessie Barte</u>	14. NAME OF HUSBAND OR WIFE <u>widowed</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ima Lee Baim</u>	ADDRESS <u>Walnut shade 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 <u>3 days</u> <u>1 year</u> <u>45:0</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular, General</u> 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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 2, 1949, to July 4, 1949, that I last saw the deceased alive on July 4, 1949 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. F. Bechtold M.D.</u>	(Degree or title)	23b. ADDRESS <u>1630 Jefferson</u>	23c. DATE SIGNED <u>July 8, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Shade Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Shade Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-12-49</u>	REGISTRAR'S SIGNATURE <u>W. J. Hendley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Hendley</u>	ADDRESS <u>Home</u>
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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

Walter S. Cobb

Student Embalmer No.

307

working under my personal supervision.

Student

Walter S. Cobb

Student Embalmer

Signed

Minnie L. Welch

Licensed Embalmer No.

2277

P. O. Address

Brunson W.

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.