

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36962

State File No. _____

FILED DEC 9 1949

Registrar's No. 1036

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 2126 N. PARK	

3. NAME OF DECEASED (Type or Print) a. (First) FRED	b. (Middle)	c. (Last) DUNCAN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 23 OCT. 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER	10b. KIND OF BUSINESS OR INDUSTRY SHIP YARDS	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH DUNCAN	13b. MOTHER'S MAIDEN NAME MATTIE CHAPMAN	14. NAME OF HUSBAND OR WIFE RELDA DUNCAN
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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) unknown	16. SOCIAL SECURITY # 491-03-6637	17. INFORMANT'S SIGNATURE OR NAME RELDA DUNCAN	ADDRESS SPRFD. 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis and Hypertensive Corded vasculo Disease		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1st stroke 6 years ago -		33PX

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)	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 **Oct 10 1945**, to **Nov 26 1949**, that I last saw the deceased alive on **Nov 26 1949**, and that death occurred at **5:15 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. F. Youell, D.O.	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 11-28-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 30 Nov. 1949	24c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK	24d. LOCATION (City, town, or county) (State) 10 Mi. N.W. of SPRFD, Mo.
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DATE REC'D BY LOCAL REG 11-29-49	REGISTRAR'S SIGNATURE W.S. Handley MD	FUNERAL DIRECTOR'S SIGNATURE Sturklingner & Co.	ADDRESS Springfield Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Max Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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.