

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12393

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 31

272

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 6th St Mrs E.L. Henderson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville, Mo. 6272</u> d. STREET ADDRESS (If rural, give location) <u>904 6th St 0</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>MRS Melissa</u> b. (Middle) <u>DUNCAN</u> c. (Last) <u>DUNCAN</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Mar. 29 - 1950</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 15 - 1866</u>
<b>9. AGE</b> (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cooper Co. Mo 0</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Wm. A. Steger</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Patrick</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry L. Duncan Newland</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>C.S. Duncan New Franklin Mo</u>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>anemia secondary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Varicose vein Esophagus rupture</u> DUE TO (c) <u>arteriosclerosis</u>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>myocarditis arteriosclerosis</u>	
<b>19c. INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 year</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from <u>July 10, 1949</u>, to <u>March 29, 1950</u>, that I last saw the deceased alive on <u>March 24, 1950</u>, and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>L. L. Hall</u>		<b>23b. ADDRESS</b> <u>New Franklin Mo</u>	
<b>23c. DATE SIGNED</b> <u>3-29-50</u>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>	
<b>24b. DATE</b> <u>Apr 27 1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Grove</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Boonville Mo.</u>		<b>DATE REC'D BY LOCAL REG.</b> <u>Mar 31 - 1950</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>D. Cooper</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>L. L. Hall New Franklin Mo</u>	

RECEIVED

APR 3

District Health Officer No. 8,

District File Number.....

Date Filed 4-19-50

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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.....

*L. L. Hall*

Signed.....

Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.