

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16242

0260
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 76	PRIMARY REG. DIST. NO. 4140	Registrar's No. 6
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY OR TOWN Eugene		c. CITY OR TOWN Eugene Rural Clark.		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) EMMA		a. (First) C. DUNCAN.		b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE 2 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 25-1864	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Cook	11. BIRTHPLACE (State or foreign country) Eugene,	12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME John Rowen		13b. MOTHER'S MAIDEN NAME Nancy Mc Coy.		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G. H. Shirley Eugene Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of the throat		INTERVAL BETWEEN ONSET AND DEATH 10 days 10 years 10 years 15 days
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eugene
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None
22. I hereby certify that I attended the deceased from Jan 14, 1949, to June 2, 1950, that I last saw the deceased alive on June 2, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Geo. H. Shirley, M.D.		23b. ADDRESS Eugene		23c. DATE SIGNED 4/2/50
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 6-4-50		24c. NAME OF CEMETERY OR CREMATORY Hickory Hill Cem Eugene Mo
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE REC'D BY LOCAL REG June 4-50		REGISTRAR'S SIGNATURE Mrs. L. L. Glover		55. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

District Health Officer No. 9
District File Number

RECEIVED
JUN 13 1950

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 *G. M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.