No. 300
10.48

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20696

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 118

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Russell Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Russell 0490
d. STREET ADDRESS (If rural, give location): Mo

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Lee c. (Last) Duncan

4. DATE OF DEATH (Month) (Day) (Year): June 20 - 1950

5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 23 - 1881
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): La Russell Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Wm Duncan
13b. MOTHER'S MAIDEN NAME: Mickie Angeline
14. NAME OF HUSBAND OR WIFE: Josie May Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): gangrene Foot — 2 mo.
DUE TO (c): Arteriosclerosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-25-, 1950, *to* 6-20, 1950, *that I last saw the deceased alive on* 4-25-, 1950, *and that death occurred at* 5 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B York (Degree or title) M.D.
23b. ADDRESS: Sarcoxie Mo
23c. DATE SIGNED: 6-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/20/50
24c. NAME OF CEMETERY OR CREMATORY: Harvey Cem
24d. LOCATION (City, town, or county) (State): La Russell, Mo

DATE REC'D BY LOCAL REG.: 7/1/50
REGISTRAR'S SIGNATURE: R. B. Clinton M.D. 138
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Jackson & Sons, Sarcoxie Mo

Per M. Ferguson

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-10-50
Jasper County Health Office
County File Number 50-6-525
Date Filed

AUG 2 1950

JUL 19 1950

AUG 15 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 me

Student Embalmer No.

working under my personal supervision.

Signed Wm K. Jackson

Signed
Student Embalmer

Licensed Embalmer No. 3954

P. O. Address Lancaster Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.