

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41217  
State File No. ....

JAN 9 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 589

0495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	c. LENGTH OF STAY (in this place) <u>24 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Southwest City 0603</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>E.</u> c. (Last) <u>Duncan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant 0</u>	8. DATE OF BIRTH <u>12-17-50</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u> IF UNDER 4 HRS. Hours <u>24</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Southwest City Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Everett Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Geraldine Kirk</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett H. Duncan</u>	ADDRESS <u>Southwest City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart &amp; respiratory failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Omphalocele</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>  <u>pre-natal</u>  <u>7730</u>
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19a. DATE OF OPERATION <u>12-18-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>omphalcele</u>	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 12-17-50, 1950, to 12-18-50, 1950, that I last saw the deceased alive on 12-18-50, 1950, and that death occurred at 6P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. K. Heinen</u> (Degree or title)	23b. ADDRESS <u>521 W. 4th Joplin Mo.</u>	23c. DATE SIGNED <u>1-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City</u>	24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-5-51</u>	REGISTRAR'S SIGNATURE <u>James 138</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Humphrey</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-8-51  
Jasper County Registrar 51100  
County File Number 50-12-988  
Date Filed 1-8-51

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 *J. M. Humphrey Jr.*  
Licensed Embalmer No. *4708*

P. O. Address *Noel, 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.