

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13220

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY McDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY McDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINEVILLE 16000	
c. LENGTH OF STAY (in this place) 6 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION - NONE			
3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) - BARNES c. (Last) - DUNCAN		4. DATE OF DEATH (Month) (Day) (Year) 4-15-51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED D 3	8. DATE OF BIRTH 3-8-1886
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 1 Days 7	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE OFFICER.		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) BATES-CO. MO. 0
12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME W. M. DUNCAN		13b. MOTHER'S MAIDEN NAME MARGARET JASPER	14. NAME OF HUSBAND OR WIFE BERTHA DUNCAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William L. Duncan 4435 Harrison K. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in head. INTERVAL BETWEEN ONSET AND DEATH Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE Suicide (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Pineville, McDonald, MO.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-15-51-608	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Gunshot in head self inflicted	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE D. M. Humphrey (Degree or title) Coroner		23b. ADDRESS Pineville, MO.	23c. DATE SIGNED 4-28-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-28-51	24c. NAME OF CEMETERY OR CREMATORY Pineville	24d. LOCATION (City, town, or county) (State) Pineville, MO.
DATE REC'D BY LOCAL REG. 4-28-51	REGISTRAR'S SIGNATURE Margaret Humphrey 423	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. M. Humphrey Pineville, MO.	

(Licensed Embalmer, Statement on Reverse Side)

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

3600
1

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 5 1951

Dist. File 257-903

Date Filed 5-9-51

VS
MAY 25 1951

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 ^{NOT}.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Mayne E Humphrey.....

Licensed Embalmer No. 4262.....

P. O. Address Pineville, 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.