

FILED MAY 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17285

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 176

0644

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u> <u>at home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: institution before admission) a. STATE <u>Mo</u> b. COUNTY <u>Marion</u> <u>no</u>	
b. CITY OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <u>Mo 0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2004 Settle St</u>		d. STREET ADDRESS (If rural, give location) <u>2004 Settle St. 0</u>	

3. NAME OF DECEASED a. (First) <u>Gertrude</u> b. (Middle) _____ c. (Last) <u>Duncan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 28 1869</u>
9. AGE (In years less birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, when it varied) <u>House Service</u>	11. BIRTHPLACE (State or foreign country) <u>Holland Springs Miss.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Cheer</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Watson</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Chas Dant</u> ADDRESS <u>Hannibal</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Insufficiency</u> 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>410x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 24 1950, to May 16 1951, that I last saw the deceased alive on May 16 1951, and that death occurred at 7:40 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. A. W. Fox</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>5-22-51</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>
24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>		

DATE REC'D BY LOCAL REG. <u>5-22-51</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Luck</u>	199	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Sephus</u> ADDRESS <u>Hannibal Mo.</u>
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STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

RECEIVED MAY 23 1951

HEALTH DEPT.

FILED MAY 24 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

working under my personal supervision.

Student Embalmer No.

Student .....  
Student Embalmer

Signed *W. R. Saphus*

Licensed Embalmer No. 3420

P. O. Address *Kummital, 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.