

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27821**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **135**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b> <b>0812</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b> <b>0812</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		d. STREET ADDRESS (If rural, give location) <b>908 N. Elm</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>908 N. Elm.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>DUNCAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>January 17, 1973</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>29</b>	IF UNDER 6 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Marion County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>George Riley</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Perry Newton Duncan</b> <b>(Dec)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ann Nichols, 803 E. 10 th, Rolla, Mo.</b>
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) <b>cerebral Hemorrhage</b>  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. <b>Senility</b>	
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)
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 <b>7-15, 1951</b> , to <b>8-16, 1951</b> , that I last saw the deceased alive on <b>8-16, 1951</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>E. E. Ford</b> (Degree or title)		23b. ADDRESS <b>Rolla mo.</b>	23c. DATE SIGNED <b>8-22-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 19, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla</b>
24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Aug 22, 1951</b>	REGISTRAR'S SIGNATURE <b>Nadine S. Stoll</b> <b>350</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1100 Elm, Rolla, Mo.</b>	

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

DEC 17 1951

SEP 7 1952

AUG 31 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.....

Signed *J. H. Hallen*

Signed.....  
Student Embalmer

Licensed Embalmer No. **3643**

P. O. Address **Rolla, Missouri**

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.