

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22153**

LED JUL 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **194** PRIMARY REG. DIST. NO. **4307** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rocky Comfort - <i>Trimp</i></b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rocky Comfort - <i>Trimp</i></b> <b>0600</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LUCINDA (LUCY)</b>	b. (Middle) <b>JANE</b>	c. (Last) <b>DUNCAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1953</b>
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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>8-12-1865</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Council Bluffs, Iowa /</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wm Scott</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Perry Duncan</b>
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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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Earl Clifton-Rocky Comfort, Mo</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchial pneumonia</b>		
	ANTECEDENT CAUSES Morbidity 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 <b>491X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **June 17, 1953**, to **June 20, 1953**, that I last saw the deceased alive on **June 20, 1953**, and that death occurred at **11 a.**, from the causes and on the date stated above.

23a. SIGNATURE <b>O. Cardwell</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Stella, Mo.</b>	23c. DATE SIGNED <b>6-27-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-21-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rocky Comfort Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rocky Comfort, Missouri</b>
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DATE REC'D BY LOCAL REG <b>July 6, 1953</b>	REGISTRAR'S SIGNATURE <b>O. E. Plumlee</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. E. Culver</b>	ADDRESS <b>Cassville, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.