

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36515

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>332</u>			
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		c. CITY OR TOWN <u>EVERTON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ELLIS FISCHER STATE CANCER HOSPITAL</u>				No. STREET ADDRESS (If rural, give location) <u>Rt 2 12-7-54</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u>		b. (Middle) <u>MARIE</u>		c. (Last) <u>DUNCAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-54</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (in years last birthday) <u>68</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LINN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WOLFE HENRICKS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM DUNCAN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES (b) <u>Perforation of large bowel</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>36 hrs.</u>	
19a. DATE OF OPERATION <u>12-6-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Generalized Peritonitis 578x</u>				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 <u>11-29</u> , 19 <u>54</u> , to <u>12-7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>54</u> and that death occurred at <u>5:17</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Helen Salway / N. Ullman, m.d.</u>				23b. ADDRESS <u>Ellis Fischer State Cancer Hosp.</u>		23c. DATE SIGNED <u>12-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 7 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springfield</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 7, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Salway Jewellville Springfield, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1955

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.....
Signature of Student Embalmer

Signed *Robert E. Muhlman*

Licensed Embalmer No. *491*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.