

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5675**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY <b>Madaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Taylor</b>	
b. CITY OR TOWN <b>Marysville</b>		c. CITY OR TOWN <b>Bedford</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>8140 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ORIE</b> b. (Middle) <b>EMMETT</b> c. (Last) <b>DUNCAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-5-55</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Oct 28, 1893</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>

13a. FATHER'S NAME <b>Daniel Duncan</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie M Duncan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leland Duncan</b> ADDRESS <b>Bedford, Iowa</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia with</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>prostatic hypertrophy and cardiac decompensation</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		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) <b>610 X</b>	
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 **1-25, 1955**, to **2-5, 1955**, that I last saw the deceased alive on **2-5, 1955**, and that death occurred at **3 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. R. Mesmer</b> (Degree or title)		23b. ADDRESS <b>Marysville</b>		23c. DATE SIGNED <b>2-19-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-11-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>Bedford Iowa</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leland Duncan</b> ADDRESS <b>Bedford, Iowa</b>			
DATE REC'D BY LOCAL REG. <b>2-26-55</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b> 229			

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....457  
P. O. Address Bedford, Va

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.