

FILED MAY 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16229

State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Springcreek	c. LENGTH OF STAY (If in place) Life	c. CITY OR TOWN Edgar Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 63 - <i>Edgar Springs</i>		STREET ADDRESS (If rural, give location) Highway 63 0810	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Bradford	c. (Last) Duncan	4. DATE OF DEATH (Month) (Day) (Year) May 12, 1955
5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 27, 1888
9. AGE (In years last birthday) / 67	F UNDER 1 YEAR / Months	F UNDER 1 YEAR / Days	F UNDER 1 HRS. / Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Lake Springs, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John D. Bradford	13b. MOTHER'S MAIDEN NAME Mary Kester	14. NAME OF HUSBAND OR WIFE Neal B. Duncan (Dea.)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) / None	16. SOCIAL SECURITY NO. / None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde H. Duncan, Detroit, Mich.

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>Cancer of rt. breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized metastasis</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>2 1/2 mo.</u>
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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 4/6, 1948, to May 12, 1955, that I last saw the deceased alive on May 11, 1955, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>A. W. Stricker M.D.</i>	23b. ADDRESS <i>Rolla Mo</i>	23c. DATE SIGNED <u>5/13/55</u>
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE <u>5-14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY Edgar Springs
24d. LOCATION (City, town, or county) (State) Edgar Springs, Mo.		

DATE REC'D BY LOCAL REG. <u>May 13, 1955</u>	REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl J. Glenn</i> 1100 Elm, Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Carl J. Glenn*

Licensed Embalmer No... 420

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