

No. 300  
10-48

25487

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1955

State File No. \_\_\_\_\_  
Registrar's No. 233

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		State File No. _____		Registrar's No. <u>233</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>							
b. CITY OR TOWN <u>Fulton, Missouri</u>		c. LENGTH OF STAY (in this place) <u>8/3/15</u>		c. CITY OR TOWN <u>Higbee</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 1</u>				e. STREET ADDRESS (If rural, give location) <u>Route 3</u>							
3. NAME OF DECEASED (Type or Print) <u>JOELLA</u>			a. (First)		b. (Middle)		c. (Last) <u>DUNCAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar. 26, 1892</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Days <u>5</u>	11. IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clark, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jake Sharp</u>				13b. MOTHER'S MAIDEN NAME <u>Willie E. Stockton</u>			14. NAME OF HUSBAND OR WIFE <u>Arnold Duncan</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records at Hospital # 1</u> ADDRESS _____					
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) <u>Infectious hepatitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Probably virus in origin</u> DUE TO (c) <u>Cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>						INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>May 12, 1947</u> , to <u>Aug 27, 1953</u> , that I last saw the deceased alive on <u>Aug 27, 1953</u> , and that death occurred at <u>10:20 AM</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Mar. J. Jones MD</u> (Degree or title)				23b. ADDRESS <u>State Hosp # 1 Fulton</u>				23c. DATE SIGNED <u>8-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 15 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>			24d. LOCATION (City, town, or county) (State) <u>Higbee MO.</u>				
DATE REC'D BY LOCAL REG. <u>Sept 3-1955</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			426- _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin F. S.</u> ADDRESS <u>Fulton Mo</u>				

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 *J. J. Ross*.....  
Licensed Embalmer No. *255*  
P. O. Address *Wilton*.....

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.