

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43268

State File No. 3121

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, write RURAL and give town OR Rural-Fishing River) c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Fishing River d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 1 Mile S. Excelsior Spgs Mo.

3. NAME OF DECEASED
a. (First) CORA b. (Middle) ISABELLE c. (Last) DUNCAN

4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 55

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH March 27 1869 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 8 Days 24 IF UNDER 24 HRS. Hours 12 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) St. Clair County Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Michael Miller 13b. MOTHER'S MAIDEN NAME Ann Edding

14. NAME OF HUSBAND OR WIFE
#####

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ##### 16. SOCIAL SECURITY NO. #####

17. INFORMANT'S SIGNATURE OR NAME Mrs Woodrow Kimbelen - Ex Spgs Mo 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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
DUE TO (b) hypertension
DUE TO (c) arteriosclerosis
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 331x

INTERVAL BETWEEN ONSET AND DEATH
12 hrs.

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12/20, 1955 to 12/20, 1955, that I last saw the deceased alive on 12/20, 1955, and that death occurred at 1:30 m., from the causes and on the date stated above.

23a. SIGNATURE S. M. Cracker M.D. (Print name or title)

23b. ADDRESS M. D. Excelsior Springs, Mo. 23c. DATE SIGNED 12/29/55

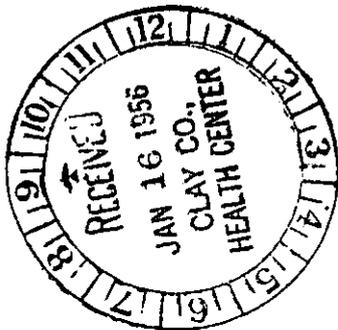
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/23/55 24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery

24d. LOCATION (City, town, or county) CLAY COUNTY (State) Mo

DATE REC'D BY LOCAL REG. 1/5/56 REGISTRAR'S SIGNATURE Caroline Hutchings

25. FUNERAL DIRECTOR'S SIGNATURE Virgil Hope ADDRESS Excelsior Springs Mo.

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, ~~James A. Moles~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James A. Moles*

Licensed Embalmer No....329A

P. O. Address Ex-..Springs

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.