

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7270

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 6211 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Rural Roubidoux</u>		c. CITY OR TOWN <u>Rural Roubidoux</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>PEARL ANN</u> b. (Middle) <u>Duncan</u> c. (Last) <u>Duncan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1957</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 27, 1897</u>	9. AGE (if years last birthday) <u>59+</u>	10. UNDER 1 YEAR Months Days	11. UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Monte Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thos E. Wiseman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Scholey</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Geneva Duncan</u>	ADDRESS <u>Galace Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & pulmonary arrest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary hemorrhage</u> DUE TO (c) <u>Tuberculosis of lungs (bilateral)</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on December 19, 1956, and that death occurred at 3:05 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers Do.</u> (Degree or title)	23b. ADDRESS <u>Licking Mo</u>	23c. DATE SIGNED <u>2-19-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/21/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Long Hollow Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-23-57</u>	REGISTRAR'S SIGNATURE <u>Murtie Craig</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>	ADDRESS <u>Licking Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

327

DEC 6 1960

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.