Health, Welfare Public Service

300
1-56

Cooper

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027443
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butler — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Butler Memorial Hosp — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Deer Creek Twp. — Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Urless Middle: Last: Duncan

4. DATE OF DEATH Month Day Year: Aug. 22, 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 10, 1884 **9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bates County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Saddler Duncan
14. MOTHER'S MAIDEN NAME: Mollie Abbott.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Ralph Duncan, Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMA TOSIS — INTERVAL BETWEEN ONSET AND DEATH: 8 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ADENO CARCINOMA RECTO-SIGMOID COLON — UNKNOWN
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): CACHEXIA 154X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN 2, 1957, to _____ and last saw him alive on AUG 22, 1957
Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John M. Cooper M.D.
22b. ADDRESS: BUTLER, MO
22c. DATE SIGNED: 8-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 8-24-57 **23c. NAME OF CEMETERY OR CREMATORY:** Crescent Hill Cem. **23d. LOCATION** (City, town, or county) (State): Adrian, Mo.

24. FUNERAL DIRECTOR ADDRESS: S. X Funeral Service Adrian Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 25-1957
26. REGISTRAR'S SIGNATURE: Kendall Kenny

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.