Health, Welfare Public Service

300 3
1-57

FILED SEP 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33007
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Pulaski	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Liberty — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Stoutland, Mo — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hwy 35 E. 5 miles Richland Mo — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Star R #. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Gerald	Edward	Duncan	9	8	1957

5. SEX	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White.		Nov 2, 1939	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Laborer.	None.	Montreal, Missouri	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Elzia Duncan.	Ruth Phillips.	None.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	489-40-4007	Elzia Duncan Stoutland, Mo Star Rt. #

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) Accidental Death Due to traumatic shock. — INTERVAL BETWEEN ONSET AND DEATH app 1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) auto accident

20c. TIME OF INJURY 3:3A Hour a.m. Month, Day, Year 9 8 57

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.) Hwy 35 5 mi E Richland

20f. CITY, TOWN, OR LOCATION Liberty Twsp COUNTY Pulaski STATE Mo

21. I attended the deceased from _____, to 9-8-57 and last saw ~~her~~ him alive on D.O.A.

Death occurred at 3:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
H. E. Nickels D.O.	Waynesville, Missouri	9-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	9/9/57	Camp Ground Cemetery	Richland, Mo Rural Rt.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
B. Hedges	Richland Mo	9-9-57	Eula Mae Anderson
Hedges Funeral Home	Richland, Mo		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED 9-14-57
Pulaski County Health Officer
File Number 114
Date Filed 9-9-57

SEP 18 1957

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 ..... Signed Clarence Moss
Signature of Student Embalmer

Licensed Embalmer No. 4896
P. O. Address Waynesville Va

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.