

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5820

STATE FILE NUMBER

45227

Registration District No. 257

Primary Registration District No. 5820

Registrar's No. 65

Health,
& Welfare
Public
ServiceS. 300
v. 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms to be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOPE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HOPE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME -HOPE MO.		Length of stay in 1b Life	
d. STREET ADDRESS R.F.D.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last CATHERINE ANN DUNCAN			4. DATE OF DEATH Month Day Year DEC. 22 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22 1878
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Hope Mo R.F.D.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Davis		14. MOTHER'S MAIDEN NAME Amanda Bryan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT William E. Duncan
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypos static pneumonia</i> DUE TO (b) <i>Coronary vascular renal disease</i> DUE TO (c) <i>Basility</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		442X	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1935 to 12-22-57 and last saw her alive on 12-22-57 Death occurred at 10p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. V. McPherson D</i>		22b. ADDRESS 507 East High St Chamois Mo	22c. DATE SIGNED 12-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/25/57	23c. NAME OF CEMETERY OR CREMATORY Oklahoma Cemetery	23d. LOCATION (City, town, or county) (State) Chamois Mo R.F.D.
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. Dec. 24-1957
26. REGISTRAR'S SIGNATURE <i>W. E. Duncan</i>			

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI - DEPARTMENT OF HEALTH

Faded header text, likely containing fields for name, address, and other identifying information.

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 *Vernon M. Motta*

Licensed Embalmer No. *412*

P. O. Address *Lumberton*

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.