

Health, Welfare, Public Service

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **2287**

Registration District No. **275** Primary Registration District No. **3053** Registrar's No. **15**

300
-57

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural-Miller township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland's Nursing		Length of stay in 1b 6 months	d. STREET ADDRESS (If outside, give location) Highway 63 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First AUGUSTIA Middle DUNCAN Last DUNCAN			4. DATE OF DEATH Month January Day 16 Year 1958		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 28, 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
-------------------------	----------------------------------	---	--	--	--	--

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

13a. FATHER'S NAME John Hicks		13b. MOTHER'S MAIDEN NAME Lambeth	14. NAME OF HUSBAND OR WIFE Robert
---	--	---	--

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. None	17. INFORMANT Mrs. Roy Moore	Address Buffalo, Mo.
--	--	--	--------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerosis far advanced		INTERVAL BETWEEN ONSET AND DEATH yes
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) 4500		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 4500
---	---

20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 Rolla, Mo.	COUNTY Phelps	STATE Missouri
---	---	--	---	-------------------------	--------------------------

21. I attended the deceased from 7-15-57 to 1-16-58 and last saw her alive on 1-12-58 Death occurred at 7:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE James M. Myers M.D.	(Degree or title) MD	22b. ADDRESS Rolla, Mo.	22c. DATE SIGNED 1-21-58
--	-----------------------------	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery	23d. LOCATION (City, town, or county) Phelps County, Missouri	(State)
--	-----------------------------------	---	---	---------

24. FUNERAL DIRECTOR Paul E. Kull	ADDRESS Rolla, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 21, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll
---	------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

RECEIVED

Phelps County Health Officer;

County File Number 959

Date Filed 1-31-58

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 Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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.