

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-025242  
 State File No. ....

FILED JUL 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY OR TOWN <u>Bethany</u> <u>0410</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Reid Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Larry</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Duncan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1958.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 26, 1938</u>	9. AGE (In years last birthday) <u>20</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motor car repair</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Chester Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Leona Meinecke</u>	14. NAME OF HUSBAND OR WIFE <u>Janet Duncan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-40-7668</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Janet Duncan</u>	ADDRESS <u>Bethany, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis of Respiratory Center</u> <u>Due to Anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Delayed reaction to Sodium Pentathol Anesthesia</u>		<u>2 hrs</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>954X</u> <u>    </u>	

19a. DATE OF OPERATION <u>7-12-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Phimosiis and redundant foreskin</u> <u>041</u>	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) _____	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 7-12-58, 1958, to 7-12-58, 1958, that I last saw the deceased alive on 7-12-58, 1958, and that death occurred at 2:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>G.H. Mroczka</u>	(Degree or title) <u>D. O. 2</u>	23b. ADDRESS <u>Bethany, Missouri.</u>	23c. DATE SIGNED <u>7-14-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Payna Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>RD Bagleyville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-14-58</u>	REGISTRAR'S SIGNATURE <u>Gella Mayer</u>	25. COUNTY HEALTH DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cainsville, Mo.</u>
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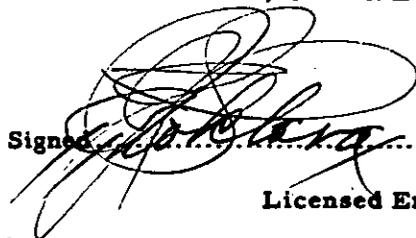
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0411  
 954

**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* ..... **Eddie J. Stoklasa** ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. .... **3602** .....

P. O. Address **Cainsville, 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.