

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027983
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 707 North Clay	
3. NAME OF DECEASED (Type or print) First William Middle Perry Last Duncan			4. DATE OF DEATH Month July Day 17 Year 1958		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 22, 1874	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Hickory Hill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Squire Duncan		13b. MOTHER'S MAIDEN NAME Ellen Bass		14. NAME OF HUSBAND OR WIFE Aulty Cassy Duncan	
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 Address J. Ira Duncan, Nevada, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes with severe acidosis					INTERVAL BETWEEN ONSET AND DEATH Don't know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input type="checkbox"/> 260X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gangrene both great toes					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No injury.			
20c. TIME OF INJURY Hour 2:00 Month June Day 18 Year 1958 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nevada	20f. CITY, TOWN, OR LOCATION Vernon	COUNTY Mo	STATE Mo	
21. I attended the deceased from June 18 to July 17/58 and last saw him alive on June 17-58 Death occurred at _____ m. the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE W. E. Love MD			22b. ADDRESS Nevada Mo.		22c. DATE SIGNED 7-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		23d. LOCATION (City, town, or county) Nevada	(State) Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home		ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 8-1-1958	26. REGISTRAR'S SIGNATURE Anna E. Perry	

All diseases in Part I must be causally related.
 Occur, color, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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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 embalmed by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *B. J. Hendley*
Licensed Embalmer No. *482*
P. O. Address *Herode*

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.