

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028236
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Centralia</u> ⁰¹⁶⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. Allen St.</u> Length of stay in lb <u>3 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>N. Allen St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>P.</u> Last <u>DUNCAN</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 4 - 1874</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>16</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Monroe Co. Mo.</u>	
13. FATHER'S NAME <u>DR. Edward Duncan</u>			14. MOTHER'S MAIDEN NAME <u>Martha McMahon</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>MRS. Nora Duncan, Centralia, Mo</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intracranial hemorrhage, involving brain stem and Respiratory Center</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> <u>Arteriotic Heart disease and heart failure</u> <u>and hypostatic pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Due to (c)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>years</u>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>

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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		
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 12/17/57 to 8/20/58 and last saw ^{him} him alive on 8/19/58
Death occurred at 8/20/58 10:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John L. Ward M.D.</u>	22b. ADDRESS <u>120 N. Rollins, Centralia, Mo.</u>	22c. DATE SIGNED <u>Aug 25 - 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 22 - '58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Midway Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Monroe County, Mo.</u>
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24. FUNERAL DIRECTOR <u>Paul O. Bellus, Centralia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 25 - 1958</u>	26. REGISTRAR'S SIGNATURE <u>Maud McBride</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
30

8561 6 100

AUG 28 1958

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 J. Baller*

Licensed Embalmer No. *42*

P. O. Address *Centralia*

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.