

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047199

STATE FILE NUMBER

FILED JAN 27 1958 Registration District No. 278 Primary Registration District No. 4322 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		c. CITY OR TOWN Lineville ⁸¹⁴⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Henry Middle Bascom Last Duncan			4. DATE OF DEATH Month Nov. Day 26 Year 1958		
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5. SEX Male	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 August 16, 1876	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Own Dry Goods Store	11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph A. P. Duncan	13b. MOTHER'S MAIDEN NAME Margaret Ruth Early	14. NAME OF HUSBAND OR WIFE Hattie Duncan
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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 J. J. Duncan	Address Lineville Iowa.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive heart disease decompensated	hrs
	DUE TO (c) Arteriosclerosis	14 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not include the terminal disease conditions given in PART I (a).) Fracture of the head of rt. femur		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) fell while shoveling snow to garage slipped on ramp of garage.
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20c. TIME OF INJURY 9:00AM	Hour Month, Day, Year Nov. 12, 58
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Lineville	COUNTY Wayne	STATE Iowa
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21. I attended the deceased from **Nov. 12, 58** to **Nov. 26 58** and last saw **him** alive on **Nov. 26, 58**
Death occurred at **9:05 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo J. Lawson M.D.	(Degree or title)	22b. ADDRESS Mercer, Missouri	22c. DATE SIGNED Dec. 5
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) Lineville Iowa	(State) 58
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24. FUNERAL DIRECTOR Anna Gunders	ADDRESS Lineville Iowa	25. DATE RECD. BY LOCAL REG. 12-5-58	26. REGISTRAR'S SIGNATURE Hoel Mann
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(Licensed Embalmer's Statement on Reverse Side)

1-20-59

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Secondary conditions, etc., must be only secondary nomenclature in item 18. No symptoms will be listed.

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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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Amie L. Granlee*

Licensed Embalmer No. *3967*

P. O. Address *Linnville, Va.*

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.