

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031318

FILED VS SEP 4 1959 369 Registration District No. Primary Registration District No. 4538 Registrar's No. 9

STATE FILE NUMBER

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne							
b. CITY (If outside corporate limits, give TOWNSHIP only) Piedmont		Length of stay in 1b		c. CITY OR TOWN Piedmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First William Middle Lee Last DUNCAN				4. DATE OF DEATH Month Aug. Day 20 Year 1959							
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 MAY 25, 1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 2 Days 25	IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROAD EMPLOYEE			10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R.		11. BIRTHPLACE (City and state or country) BRUNOT, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME William DUNCAN			13b. MOTHER'S MAIDEN NAME BERTHA HICKMAN			14. NAME OF HUSBAND OR WIFE ETTA Reeves					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I			16. SOCIAL SECURITY NO. 498-10-4048		17. INFORMANT ETTA DUNCAN			Address Piedmont, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a) Internal Cranial Hemorrhage							instant				
DUE TO (b) 12 Ga. Shot Gun Blast											
DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suicide									
20c. TIME OF INJURY Hour 12:30 p.m. Month, Day, Year Aug 20, 1959			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Piedmont		COUNTY Wayne		STATE MO.		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) M. E. Bowler Coroner Wayne Co.				22b. ADDRESS Piedmont, MO				22c. DATE SIGNED Aug 24, 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 27, 1959	23c. NAME OF CEMETERY OR CREMATORY MASONIC Cemetery			23d. LOCATION (City, town, or county) (State) Piedmont MO.					
24. FUNERAL DIRECTOR Therman H. Bush			ADDRESS Piedmont, Mo.		25. DATE RECD. BY LOCAL REG. 8-26-59		26. REGISTRAR'S SIGNATURE Sheila Loulae				

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

Student _____
Signature of Student Embalmer

Signed *M. E. Bowles*

Licensed Embalmer No. 4420
P. O. Address Redmont,

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.