

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033164

FILED VS OCT 5 1959 245

Registration District No. _____ Primary Registration District No. 3047 Registrar's No. 100

STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho</u>		Length of stay in 1b <u>Years</u>	c. CITY OR TOWN <u>Neosho</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sale Memorial Hosptial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>810 Randolph St.</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>G.</u> Last <u>Duncan</u>			4. DATE OF DEATH Month <u>September</u> Day <u>18</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	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>6-19-1906</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Min: _____	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assistant Cashier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	11. BIRTHPLACE (City and state or country) <u>Wheaton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J.O. Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Monte Webb</u>	14. NAME OF HUSBAND OR WIFE <u>Arie Lee Duncan</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-12-4014</u>	17. INFORMANT <u>Arie Lee Duncan</u> Address <u>Neosho, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Stomach Nephritis</u>		
DUE TO (b) <u>Earl Arterial Nodosa</u>		
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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
20g. STATE	

21. I attended the deceased from April 1959 to 9-18-59 and last saw him alive on 9-18-59
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>F. Whitehead MD.</u> (Degree or title)	22b. ADDRESS <u>Neosho Mo</u>	22c. DATE SIGNED <u>9-30-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 21, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort Cemetery</u>	23d. LOCATION (City, town, or County) (State) <u>Rocky Comfort, Mo.</u>
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24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> Address <u>Neosho, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 30, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman MD</u> <i>Per R. A.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 6 T 100 SA
OCT 19 1959

MAR 22 1960

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 Frederick L. Clark

Licensed Embalmer No. 5056

P. O. Address 317 So. Wood
Mersey 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.