

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036599

FILED VS NOV 12 1959

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 523

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN	Length of stay in 1b 15 YRS	c. CITY OR TOWN JOPLIN	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 512 PLAZA
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle DALTON Last DUNCAN			4. DATE OF DEATH OCTOBER 30, 1959 Month Day Year	
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY WEBB CORP.	11. BIRTHPLACE (City and state or country) PALMER, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME SAMUEL B. DUNCAN	13b. MOTHER'S MAIDEN NAME SALLY PRISCILLA MASON	14. NAME OF HUSBAND OR WIFE ELMA 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) YES W.W.I	16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address MRS. ELMA DUNCAN, 512 PLAZA
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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)	Post operative hemorrhage	6 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) gastrojejunal ulcer	3 months
	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 STATE
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21. I attended the deceased from 10/26/59 to 10/30/59 and last saw him alive on 10/30/59
Death occurred at 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B.F. Woodruff, mo (Degree or title)	22b. ADDRESS Joplin mo	22c. DATE SIGNED 11/2/59 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-2-59	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,	23d. LOCATION (City, town, or county) WEBB CITY, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 11-6-1959	26. REGISTRAR'S SIGNATURE Dove Merriam
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 17 1959 SA

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MAY 20 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 Harvey E. Amice

Licensed Embalmer No. 4463
P. O. Address West City

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.