

FEDERAL BUREAU OF INVESTIGATION
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FILED VS NOV 4 1959

59-037127

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 199

UNDECEASED

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b Rolla 3 Hrs	c. CITY OR TOWN Vichy		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co., Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route No. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ETHEL Middle CLARA Last DUNCAN			4. DATE OF DEATH Month Oct. Day 24 Year 1959			
5. SEX Female	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 2-13-15	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Jurgensmeyer		13b. MOTHER'S MAIDEN NAME Mary Smart		14. NAME OF HUSBAND OR WIFE Ermil Duncan		
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 Ermil Duncan, Rt. 1 Vichy, Mo., 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) Spasmodic Shock + Pulmonary embolism due to multiple + gross excavations, basal skull fracture + probable ruptured spleen + other ruptured viscera DUE TO (b) 2 1/2 hrs. DUE TO (c) Other ruptured viscera Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
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 she pregnant 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.)				
20c. TIME OF INJURY. Hour a.m. p.m. 1:30 P.M. Oct 24 59	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.) 3:50 P.M.	20f. CITY, TOWN, OR LOCATION Newburg, Mo.	COUNTY	STATE	
21. I attended the deceased from 1:30 P.M. Oct 24 59 to 3:50 P.M. and last saw her/him alive on Oct. 24, 59 Death occurred at 3:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22. SIGNATURE Richard E. Myers (Degree or title)			22b. ADDRESS Newburg, Mo.		22c. DATE SIGNED Oct 26 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-27-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens		23d. LOCATION (City, town, or county) Rolla, Missouri	(State)	
24. FUNERAL DIRECTOR Paul E. Hull By Sons Funeral Home..Rolla		ADDRESS	25. DATE RECD. BY LOCAL REG. Oct. 26, 1959	26. REGISTRAR'S SIGNATURE Nadene L. Stoll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 E. Nul

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.