MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 22 1959

59-038589
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
~~a. STATE~~ b. COUNTY Essex & Stoddard
~~c. CITY~~ OR ~~TOWN~~ Missouri
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) R 1
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LORA Middle LIZZIE Last DUNCAN
4. DATE OF DEATH Month 10 Day 6 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH
9. AGE (last birthday) 46
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country)
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-5-59 to 10-6-59 and last saw her ~~him~~ alive on 10-6-59
Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. Larno (Degree or title) M.D.
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 10-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/8/1959
23c. NAME OF CEMETERY OR CREMATORY Essex
23d. LOCATION (City, town, or county) (State) Essex, Missouri

24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Morehouse, Mo.
25. DATE RECD. BY LOCAL REG. 10-13-59
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

VS OCT 22 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4964

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.