

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033519

FILED VS AUG 23 1960

338

Registration District No. 4501 Primary Registration District No. 21 Registrar's No. 21

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield		Length of stay in 1b yrs.		c. CITY OR TOWN Bloomfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION at family home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) HERBERT G. DUNCAN				4. DATE OF DEATH Month Aug. Day 5, Year 1960					
5. SEX M.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 14-72	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 5 Days 21	IF UNDER 24 HR Hours --- Min. ---		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Lexington, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Walter W. Duncan			13b. MOTHER'S MAIDEN NAME Julia Catherine Jones			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. None		17. INFORMANT Address Katharine Crosser, Bloomfield, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH Instant		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Anticoagulate blood disease					1 year		
		DUE TO (c) Hypostatic Congestion lungs					1 year		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema & Cor Pulmonale						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.)					
20c. TIME OF INJURY Hour --- 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	
21. I attended the deceased from July 5, 1960 to Aug 5, 1960 and last saw him live on Aug 5, 1960 Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Stephen Paul Baker				22b. ADDRESS Bloomfield, Mo.				22c. DATE SIGNED 8-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-7-1960	23c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.			23d. LOCATION (City, town, or county) Bloomfield, Missouri		(State)	
24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO.				25. DATE RECD. BY LOCAL REG. Aug. 18-1960		26. REGISTRAR'S SIGNATURE Mrs. George L. Baker			

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
& by Lulu Cooper # 3499, Student Embalmer No. _____

~~working under my personal supervision.~~

Student _____
Signature of Student Embalmer

Signed *Lulu C. Cooper*

Licensed Embalmer No. ~~311~~ 411

P. O. Address Bloomfield, 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.