# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014512
STATE FILE NUMBER

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 8

AMENDED

FILED MAY 4 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF |
|---|---|---|---|---|
| | | | | |

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richwoods Twp.
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Clyde Middle: — Last: Duncan

4. DATE OF DEATH: Month: April Day: 23 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-27-1896
9. AGE (last birthday): 64
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Iberia, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: John Duncan
13b. MOTHER'S MAIDEN NAME: Ruth Workman
14. NAME OF HUSBAND OR WIFE: Mildred Cochran Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
17. INFORMANT: Mildred Duncan Address: Iberia, Mo.

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): Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetus Melitus
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 1959, to April 23, 1961 and last saw her/him alive on April 20, 1961
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm. A. Gould M.D.
22b. ADDRESS: Iberia, Mo.
22c. DATE SIGNED: 4/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 25, 61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Union Church Cem.
23d. LOCATION (City, town, or county) (State): Iberia (rural), Mo.

24. FUNERAL DIRECTOR: Humphrey Funeral Home ADDRESS: Iberia, Mo.
25. DATE RECD. BY LOCAL REG.: April 25-1961
26. REGISTRAR'S SIGNATURE: Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1961

**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 J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address Lewis, me.

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.