

AMENDED

FILED JUL 10 1961

District No. 118

Primary Registration District No. 4188

Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		Length of stay in 1b 13 yrs.		c. CITY OR TOWN Owensville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 312 S. Second St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Reuben Middle Duncan Last Duncan				4. DATE OF DEATH Month June Day 27 Year 1961				
5. SEX male		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 2-21-1880		
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clay worker				10b. KIND OF BUSINESS OR INDUSTRY clay mining		11. BIRTHPLACE (City and state or country) Kentucky		
12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Winnie Foster 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. 498-01-4437		17. INFORMANT Raymond Duncan Address Owensville, 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) <u>Acute Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>	
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 _____ e.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		
21. I attended the deceased from <u>6-27-61</u> to <u>6-27-61</u> and last saw him alive on <u>6-27-61</u> Death occurred at <u>11:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Rosebud Brown, M.D.</u> (Degree or title)				22b. ADDRESS <u>Owensville, Mo.</u>		22c. DATE SIGNED <u>6-29-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-30-1961		23c. NAME OF CEMETERY OR CREMATORY Rosebud Methodist Cem.		23d. LOCATION (City, town, or county) (State) Rosebud, Mo.		
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville, Mo. <u>Midford F H Winter</u> (Licensed Embalmer - Statement on Reverse Side)				25. DATE RECD. BY LOCAL REG. <u>June 30, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Maxine Jappmeyer</u>		

THIS RECORD AND AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 TERRY A. THOMPSON, Student Embalmer No. 624
working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.