

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047598
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 188

FILED JAN 3 1962

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Rich Hill
d. STREET ADDRESS (If outside, give location)

Length of stay in 1b 16 days
4 months

Inside Limits
Yes No

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
George W. Duncan

4. DATE OF DEATH Month Day Year
December 27, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH Oct. 1886 9. AGE (last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown 10b. KIND OF BUSINESS OR INDUSTRY unknown 11. BIRTHPLACE (City and state or country) Texas 12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Fern E. Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. unknown 17. INFORMANT Hospital records. 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) Bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: } DUE TO (b) Arteriosclerotic heart disease 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)

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 e.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 August 11, 1961 to Dec. 27, 1961 and last saw her/him alive on December 27, 1961
Death occurred at 10 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS State Hospital No. 3 22c. DATE SIGNED 12/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/29/61 23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery Rich Hill Missouri 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Booth Funeral Service Rich Hill, Mo ADDRESS Rich Hill, Mo 25. DATE RECD. BY LOCAL REG. Dec 30-1961 26. REGISTRAR'S SIGNATURE Anna & Jerry

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 30 1962

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

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler

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.