

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047949

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. Registrar's No. 88

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6830 25110

3

4 1

5 1

6

7 0

8 0

9 4200

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY **Platte**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Deerborn** Length of stay in lb **1 year**

c. CITY OR TOWN **Agency** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Gertie M. Duncan**

4. DATE OF DEATH Month Day Year **December 13, 1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-27-77** 9. AGE (last birthday) **85**

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) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **home** 11. BIRTHPLACE (City and state or country) **Camden Point, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **J. E. Stendiford** 13b. MOTHER'S MAIDEN NAME **Mollie Virginia Bywaters** 14. NAME OF HUSBAND OR WIFE **C. B. Duncen**

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. **none** 17. INFORMANT **C. B. Duncen** Address **Agency, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **CVA** INTERVAL BETWEEN ONSET AND DEATH **2 Week**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized AS**

DUE TO (c) **AS HR**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. **Smoking**

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 **1960** to **1962** and last saw her alive on **12/13/62**

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **Platte City** 22c. DATE SIGNED **12/17**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12-15-62** 23c. NAME OF CEMETERY OR CREMATORY **Ridgley Cemetery** 23d. LOCATION (City, town, or county) (State) **Edgerton, Missouri**

24. FUNERAL DIRECTOR **Vaughn-Aufrene** Address **Deerborn, Missouri** 25. DATE RECD. BY LOCAL REG. **12-15-62** 26. REGISTRAR'S SIGNATURE **[Signature]**

USE BLACK INK OR TYPEWRITER RIBBON

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 W. R. Vaughn

Licensed Embalmer No. 4823

P. O. Address Weston, 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.