MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010923
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 116

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0269
2 0760-
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4 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED MAR 25 1963

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys' Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Madge Middle: Gwendolyn Last: Duncan
4. DATE OF DEATH: Month: March Day: 17 Year: 1963
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/24/1900
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months: Days: 23
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public school teaching
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (City and state or country): Hope Mo
12. CITIZEN OF WHAT COUNTRY: Usa
13a. FATHER'S NAME: David B Duncan
13b. MOTHER'S MAIDEN NAME: Emma F Stonner
14. NAME OF HUSBAND OR WIFE: never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of s[illegible]
16. SOCIAL SECURITY NO.: [illegible]7
17. INFORMANT: Mrs Floyd Baker Address: Chamois Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per [illegible]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary Transverse Colon
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 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 Oct. 10-13 1962 to 3/16/63 and last saw her/him alive on 3/16/63
Death occurred at 3/17/63 12:45am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm V McFully M.D. (Degree or title)
22b. ADDRESS: 507 E.High St Jefferson City
22c. DATE SIGNED: 3/18/1963

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/19/1963
23c. NAME OF CEMETERY OR CREMATORY: Mt Aerial
23d. LOCATION (City, town, or county) (State): Linn Mo

24. FUNERAL DIRECTOR: Clyde Motton ADDRESS: Linn Mo
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 20 March 1963
26. REGISTRAR'S SIGNATURE: R.P. Dorris MD - M Richter, Dep.

MAR 26 1963

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_____ Signed Vernon Morton

Signature of Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Linn 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.