

FILED MAR 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9451

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>California</i> 0681 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Latham Hosp.</i> Length of stay in lb <i>2 wks</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARY ELIZABETH DUNCAN</i>			4. DATE OF DEATH Month Day Year <i>Feb 26 1957</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 6 1874</i>
9. AGE (In years last birthday) <i>82</i>		IF UNDER 1 YEAR Month Days Hours Min. <i>6 20</i>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>	11. BIRTH PLACE (City and state or country) <i>Moniteau County Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>George Gregory</i>	
14. MOTHER'S MAIDEN NAME <i>Dout Thow</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no.</i>	
16. SOCIAL SECURITY NO. <i>no.</i>		17. INFORMANT Address <i>Mrs. Walter Reichel California Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(n) <i>Chronic Hypertension</i>			INTERVAL BETWEEN ONSET AND DEATH <i>17 days</i> <i>1 1/2 years</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	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 Month, Day, Year a. m. p. m.			
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 <i>California</i>		COUNTY STATE <i>Moniteau Mo</i>	
21. I attended the deceased from <i>2-9-57</i> to <i>2-26-57</i> and last saw her alive on <i>2-26-57</i> Death occurred at <i>10:10</i> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R B Fulk M.D.</i> (Degree or title)		22b. ADDRESS <i>California, Mo</i>	
22c. DATE SIGNED <i>2-28-57</i>			
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <i>Burial</i>		23b. DATE <i>2-28-1957</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Union Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>California "Rural" Mo.</i>	
24. FUNERAL DIRECTOR <i>Hugh E. Williams</i> ADDRESS <i>California Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-28-57</i>	
26. REGISTRAR'S SIGNATURE <i>H L Papajoy</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Health,
Welfare
Public
Service300
1-56

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 Hugh E. Williams
Licensed Embalmer No. 352

P. O. Address California

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.