

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28130**

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **102**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Water Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
5 Days / (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Shirley Mae Duncan**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Baby**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August 3 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0) **5** hr. min.

9. Birthplace **Boonville, Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Delmar Lee Duncan**
13. Birthplace **Boonville, Mo.** 0
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Estelle Gilmore**
15. Birthplace **Howard County, Missouri** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Cora Duncan**
(b) Address **West Water St. Boonville,**

17. (a) **Burial** (b) Date thereof **Aug. 10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonesboro Cemetery**

18. (a) Signature of funeral director **L.J. Meister**
(b) Address **Boonville, Missouri**

19. (a) **8-24-41** (b) **DePouper 1941**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** 027
(c) City or town **Boonville,** 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. **West Water Street**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **8th.**
year **1941** hour **1.00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 3**
....., 19**41**, to **Aug 8** 19**41**
that I last saw her alive on **Aug 8** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage of bowels** Duration

Due to **lact. thrombosis**

Due to **161C**

Other conditions **161C**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **none**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, & homicide (specify)..... **no**
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury..... 0

23. Signature **M. S. McGuire** (M. D. or other) **M.D.**
Address **Boonville, Mo.** Date signed **8/9/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number 9-11-41
Date Filed

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.