

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37814

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4269		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give town) Cordes		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Cordes Mo 5 D		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Emmaline c. (Last) Duncan				4. DATE OF DEATH (Month) (Day) (Year) 11 17 1949			
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 14 - 1871	
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR 1		11. UNDER 1 YEAR 13		12. UNDER 1 YEAR 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) South of Magners Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Richard Sanders		13b. MOTHER'S MAIDEN NAME Zerilda West		14. NAME OF HUSBAND OR WIFE Geo F Duncan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Belle Perry Cordes Mo ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease  DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia				INTERVAL BETWEEN ONSET AND DEATH Several months  4 22 2 Several years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Feb. 27, 1949, to Nov. 17, 1949, that I last saw the deceased alive on 10-26-49, 1949, and that death occurred at 4:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R. B. Bungamer, M. D. (Degree or title)				23b. ADDRESS Higginville, Mo.		23c. DATE SIGNED 11-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 19 1949		24c. NAME OF CEMETERY OR CREMATORY Cordes Cemetery		24d. LOCATION (City, town, or county) (State) Cordes Mo	
DATE REC'D BY LOCAL REG. Nov 19 1949		REGISTRAR'S SIGNATURE Clayton W. Landrum 154		25. FUNERAL DIRECTOR'S SIGNATURE R. G. F. Wieggers Higginville Mo ADDRESS			

RECEIVED

NOV 22

District Health Officer No. 2

District File Number

Date Filed 11-22-49

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.

Signed

Roy F. Wiegert

Signed

Student Embalmer

Licensed Embalmer No. 2883

P. O. Address Higginville 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 this body is not embalmed, fact should be so stated above.