

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED MAR 19 1951**

State File No. **9609**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5960** Registrar's No. **10**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Platte</b>		a. STATE <b>Missouri</b> COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Market</b> <b>Green</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Market</b> <b>Green</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS (If rural, give location) <b>—</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>Sarah</b>	b. (Middle) <b>Frances</b>	c. (Last) <b>Duncan</b>	(Month) <b>March</b>	(Day) <b>7</b>	(Year) <b>1951</b>

<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed</b> <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>March 6, 1935</b>	<b>9. AGE (In years last birthday)</b> <b>76</b>	<b>IF UNDER 1 YEAR</b> Months <b>—</b>	<b>IF UNDER 1 YEAR</b> Days <b>—</b>	<b>IF UNDER 1 HR.</b> Hours <b>—</b>	<b>IF UNDER 1 MIN.</b> Mins. <b>—</b>
--------------------------------	---	---	---	---	--	--	--	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Roan Co. Tenn.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>—</b>
--	---	---	---

<b>13a. FATHER'S NAME</b> <b>James McKamey</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Jané Davis</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Kelly Duncan</b>
---	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Thelma Duncan</b>	<b>ADDRESS</b> <b>Los Angeles, Calif.</b>
--	---	--	--

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Endo-Myocarditis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUCE TO (b) —</b> <b>DUCE TO (c) Bronchial Pneumonia</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>491X</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	--	-----------------------------------

**22. I hereby certify that I attended the deceased from March 6, 1951, to March 7, 1951, that I last saw the deceased alive on March 6, 1951, and that death occurred at 12:25 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>W. H. Moore MD</b> (Degree or title)	<b>23b. ADDRESS</b> <b>Dearborn Mo</b>	<b>23c. DATE SIGNED</b> <b>Mar 8/51</b>
--	---	--

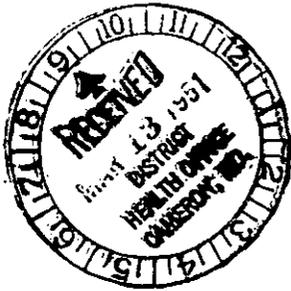
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>March 10-51</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Pleasant Ridge Cem.</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Platte Co. Mo.</b>
---	--	---	---

<b>DATE REC'D BY LOCAL REG.</b> <b>Mar. 10-51</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Alphie Rollins</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>VAUGHN-AUFERANE</b>	<b>ADDRESS</b> <b>DEARBORN, MO.</b>
--	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Mo. 300  
10.48  
5830



**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 .....  
Student Embalmer

Signed.....

*W. R. Vaughn*

Licensed Embalmer No. *4023*

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