Health, Welfare Public Service

300 c
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000127
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lamar — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Barton Co. Memorial Hosp. — Length of stay in Ib: 19 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Golden City — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R. 2 6 mi. NW Golden City — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: JOHN Middle: HARVEY Last: DUNCAN

4. DATE OF DEATH Month Day Year: February 2, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 19, 1887

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (City and state or country): Dade Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Rufus Duncan

13b. MOTHER'S MAIDEN NAME: Amanda Wilson

14. NAME OF HUSBAND OR WIFE: Mrs. Lena Duncan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 486-42-2821

17. INFORMANT: Mrs. Lena Duncan, Address: Golden City, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, Hypostatic, Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Partial Gastric Resection — Jan 14, 1959
DUE TO (c) Bleeding & obstructed duodenal ulcer. — Jan 9, 59
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5410

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 Jan. 9, 1959, to Feb. 2, 1959 and last saw her alive on Feb. 1, 1959
Death occurred at 12 m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Glen T. Bickel, M.D.

22b. ADDRESS: Lamar, Missouri

22c. DATE SIGNED: 2/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 4, 1959

23c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery

23d. LOCATION (City, town, or county) (State): Greenfield, Mo.

24. FUNERAL DIRECTOR: Phillips Funeral Home, ADDRESS: Golden City, Mo.

25. DATE RECD. BY LOCAL REG.: FEB 3 - '59

26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

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 .....H. Lowell Pugh.....

Licensed Embalmer No. 4951

P. O. Address Golden City, 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.