

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-031711**

**FILED VS SEP 14 1960**

*301*

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. *62*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Ripley</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ripley</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Doniphan Rt. 6 (Rural)</i>		Length of stay in lb <i>48 years</i>	c. CITY OR TOWN <i>Doniphan Rt. 6 (Rural)</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>11 Mi. S.W. of Doniphan</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>11 Mi. S.W. of Doniphan</i>

3. NAME OF DECEASED (Type or print) First <i>Arla</i> Middle <i>Ray</i> Last <i>Duncan</i>			4. DATE OF DEATH Month <i>August</i> Day <i>21</i> Year <i>1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>June 10, 1909</i>	9. AGE (last birthday) <i>51</i>	IF UNDER 1 YEAR Months <i>---</i> Days <i>---</i>	IF UNDER 24 HR Hours <i>---</i> Min. <i>---</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>		11. BIRTHPLACE (City and state or country) <i>Trisco, Illinois</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>John H. Duncan</i>		13b. MOTHER'S MAIDEN NAME <i>Clara Malin</i>		14. NAME OF HUSBAND OR WIFE <i>never married</i>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes</i>	16. SOCIAL SECURITY NO. <i>W.W. II 498 40 4438</i>	17. INFORMANT <i>Betna Thompson</i>	Address <i>1425 N. PARK PL. St. Louis 7, Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Coronary Thrombosis*

INTERVAL BETWEEN ONSET AND DEATH *2 HOURS*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	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		COUNTY _____ STATE _____

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_

Death occurred at *12:01* P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Ray Meamer, Coroner</i>		22b. ADDRESS <i>Doniphan Missouri</i>	22c. DATE SIGNED <i>8/22/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug. 23, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Plunk Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Ripley County, Missouri</i>
24. FUNERAL DIRECTOR <i>Ray Meamer, Doniphan, Mo.</i>	ADDRESS <i>Sept. 9-60</i>	25. DATE RECD. BY LOCAL REG. <i>Sept. 9-60</i>	26. REGISTRAR'S SIGNATURE <i>Flava Broz</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.