MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-025987
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 53

FILED JUL 24 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0090
2 0090,
3
4 0
5 2
6
7 0
8 0
9 481 X
10
11
12 90-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. 1 Patton Mo — Length of stay in 1b Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN Patton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle M Last Duncan
4. DATE OF DEATH Month July Day 16 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Oct 6 78
9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Farming
11. BIRTHPLACE (City and state or country) Bollinger Co.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Bat Duncan
13b. MOTHER'S MAIDEN NAME Unknown Fadler
14. NAME OF HUSBAND OR WIFE Deceased
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.
17. INFORMANT Chalmer Duncan 3236 Royalton Overland Mo (Address)

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) Influenza — INTERVAL BETWEEN ONSET AND DEATH 4 mo's
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure; functional
DUE TO (c) Capacity Class IV — 3 mo's 3 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Mar 17, 1962, to July 16, 62 and last saw ~~her~~ him alive on July 10, 62
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. W. Delezene D.O.
22b. ADDRESS Fredericktown, Mo
22c. DATE SIGNED 7/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-19-62
23c. NAME OF CEMETERY OR CREMATORY Yount Lutheran
23d. LOCATION (City, town, or county) Bollinger co (State) Mo.
24. FUNERAL DIRECTOR ADDRESS Adamson-Webb Fredericktown Mo.
25. DATE RECD. BY LOCAL REG. 7/19/62
26. REGISTRAR'S SIGNATURE Mrs Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1962

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown 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.