

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3760

State File No. _____

FILED MAR 2 1951

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u> Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>		c. LENGTH OF STAY (in this place) <u>30 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonds Home for The Aged</u>			d. STREET ADDRESS (If rural, give location) <u>none</u>		
3. NAME OF DECEASED a. (First) <u>Lessie Joy</u> b. (Middle) <u>e</u> c. (Last) <u>Duncan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7/4/1907</u>	9. AGE (In years) (last birthday) <u>43</u>	10. MONTHS <u>6</u> DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William R. Bevins</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Gray Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Duncan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Bevins, Lutesville Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Artery</u> DUE TO (c) <u>Metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>171x</u>
19a. DATE OF OPERATION	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) m.	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 <u>2/1</u> , 19 <u>51</u> , to <u>2/23/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/23/51</u> , 19 <u>51</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Myers</u> (Degree or title)		23b. ADDRESS <u>Lutesville Mo</u>		23c. DATE SIGNED <u>2/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co, Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 21 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Card</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozy Shelby</u>	ADDRESS <u>Paulsville, Mo</u>		

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

RECEIVED

FEB 23 1951

DISTRICT HEALTH OFFICE No. 6

No.

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

working under my personal supervision.

Student Embalmer No.

Signed Howard R. Haman

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau, 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.