

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE STATIS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15720

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community 4 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 245 Greenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME THOMAS TILLERY DUNCAN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nell Hunt Duncan 6. (c) Age of husband or wife if alive 1877 years
7. Birth date of deceased 12 - 19 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Columbia Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Drug Salesman

11. Industry or business.....

12. Name Charles Duncan

13. Birthplace Columbia Missouri (City, town, or county) (State or foreign country)

14. Maiden name Fannie Tillery

15. Birthplace Columbia Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Boyle G. Clark

(b) Address 245 Greenwood Ave., Columbia, Mo

17. (a) Burial (b) Date thereof 5-12-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bochéport Cemetery

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-11-46 (b) Mrs. R. E. Palmer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1946 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 9 1946 to May 9 1946 that I last saw him alive on May 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of the stomach
Due to post-operative

Other conditions deceder's ulcer (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy 18" 3"

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (Specify type of place) (Specify type of injury)

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 5/10/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

TABLE

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-46

MAR 2 1 1953

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas L. Lanning

Licensed Embalmer No. 4132

P. O. Address Columbia, S.C.

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.