S. No. 300
v. 10.48

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7188

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 37

108

1. PLACE OF DEATH
a. COUNTY Mo-Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Wash. Twp.
c. LENGTH OF STAY (In this place) 11-9-3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Mo 48
d. STREET ADDRESS (If rural, give location) 1 8

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) WILLIAM J. DUNCAN

4. DATE OF DEATH (Month) (Day) (Year) 2-19-1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid
8. DATE OF BIRTH 5-4-1878
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 4 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Kansas City Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Duncan
13b. MOTHER'S MAIDEN NAME Ellen Kilgore
14. NAME OF HUSBAND OR WIFE Wid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Hospital records ADDRESS Nevada

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile deterioration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ✓
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-8-, 1949, *to* 2-19, 1949, *that I last saw the deceased alive on* 2-19-, 1949, *and that death occurred at* 7-45 *m., from the causes and on the date stated above.*

23a. SIGNATURE R. G. Hall (Degree or title) Mo
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 2-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-19-49
24c. NAME OF CEMETERY OR CREMATORY unknown
24d. LOCATION (City, town, or county) (State) unknown

DATE REC'D BY LOCAL REG. Feb. 21, 1949
REGISTRAR'S SIGNATURE Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE Quinn Carothers ADDRESS El Dorado Sgs

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-47-140
Date Filed 2-28-49

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 .....
Student Embalmer

Signed Floyd E. Carothers
Licensed Embalmer No. 4419
P. O. Address El Dorado Springs, 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.