

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20544**Registrar's No. **57**

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4421		State File No. 20544		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte							
b. CITY (If outside corporate limits, write RURAL and give town) Parkville / Parkville				c. LENGTH OF STAY (in this place) 54 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Parkville					
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkville, Missouri				d. STREET ADDRESS (If rural, give location) 107 W. 12th St.							
3. NAME OF DECEASED (Type or Print) a. (First) Link b. (Middle) Duncan c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1949								
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Ottawa, Kansas			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Peter Duncan			13b. MOTHER'S MAIDEN NAME Lucy			14. NAME OF HUSBAND OR WIFE Sidney Duncan					
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. No			17. INFORMANT'S SIGNATURE OR NAME Sidney Duncan			ADDRESS 107 W. 12th St.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Leakage of Heart DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 1 year 4/34/	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 Jan 1, 1949 , to June 15, 1949 , that I last saw the deceased alive on June 15, 1949 , and that death occurred at 4 p. m. , from the causes and on the date stated above.											
23a. SIGNATURE Woodenwood M.D. (Degree or title)				23b. ADDRESS Parkville, Mo.			23c. DATE SIGNED July 2, 49 (State)				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/2/49		24c. NAME OF CEMETERY OR CREMATORY Parkville		24d. LOCATION (City, town, or county) Parkville, Missouri					
DATE REC'D BY LOCAL REG. July 2, 49		REGISTRAR'S SIGNATURE Alpha Rollins			25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros		ADDRESS 1606 1725 Lydia C. C. Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 7

District Health Officer No. 8.

District File Number _____

Date Filed 7-7-49

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: Ch. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 1729 Lydia Ave

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.