

FILED JUL 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23746

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>204</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		48 40	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10610 E. 15th</u>				d. STREET ADDRESS (If rural, give location) <u>10610 East 15th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Duncan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 25, 1881</u>	9. AGE (In years last birthday) <u>68</u>	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumbing Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>		11. BIRTHPLACE (State or foreign country) <u>Smithville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jerry M. Duncan</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret McCracken</u>		14. NAME OF HUSBAND OR WIFE <u>Welthea B. Duncan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Welthea B. Duncan</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>cardio vascular disease</u> 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 <u>2 hrs</u> <u>4 1/2 hrs</u> <u>4 1/2 hrs</u>	
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) (Min.)		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>Nov 1948</u> to <u>July 9, 1949</u> , that I last saw the deceased alive on <u>July 9, 1949</u> , and that death occurred at <u>1:35 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. N. Hill M.D.</u>				23b. ADDRESS <u>1438 Hedges Ave Independence</u>		23c. DATE SIGNED <u>7/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte City, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Platte, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 10-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Hanson Indep. Mo.</u>			

RECEIVED JUL 13 RECD

Jackson County Health Dept.,

County File Number _____

Date Filed _____

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.

Signed _____
Student Embalmer

Signed *John Pasley*
Licensed Embalmer No. *14308*
P. O. Address *Independence 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.