

FILED NOV 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. **34382**  
Registrar's No. **32**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5755**

1. PLACE OF DEATH a. COUNTY <b>Maries</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Jackson Twp.</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Sullivan, Mo.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3</b>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>A.</b> c. (Last) <b>Duncan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 15, 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 11, 1917</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 1 YEAR Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b>	Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>file clerk</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>Norman Duncan</b>		13b. MOTHER'S MAIDEN NAME <b>Belvia Copeland</b>		14. NAME OF HUSBAND OR WIFE <b>Estella Duncan, Sullivan</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War II</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Estella Duncan</b>		ADDRESS <b></b>	
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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			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (b) _____					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			DUE TO (c) _____					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Vienna, Maries Mo.</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10/15/49</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self-inflicted gunshot wound</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>W. C. Birmingham</b> Coroner		23b. ADDRESS <b>Vienna, Mo.</b>	23c. DATE SIGNED <b>10/18/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>10/20/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vienna Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Vienna, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10-26-49</b>	REGISTRAR'S SIGNATURE <b>Pauline Howard</b>	GENERAL DIRECTOR'S SIGNATURE <b>W. C. Birmingham</b>	ADDRESS <b>Vienna, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
NOV 1 1949  
District Health Officer No. 9,  
District of Columbia

NOV 7 1949

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 .....  
Student Embalmer

Student Embalmer No. ....

Signed W. C. Burmidge

Licensed Embalmer No. 3664

P. O. Address Adams, Md.

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.