

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38128

State File No.

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4373 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BARNARD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BARNARD</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>BENJAMIN W. Duncan</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-49</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 1, 1882</u>	9. AGE (In years last birth day) (Months) (Days) (Hours) (Min.) <u>67 1 26</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>BIG LEW MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LEWIS W DUNCAN</u>	13b. MOTHER'S MAIDEN NAME <u>MEGERIA FORD</u>	14. NAME OF HUSBAND OR WIFE <u>ROSA LEE DUNCAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rosa Lee Duncan</u>	ADDRESS
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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, asphyxia, 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) <u>Suicide by gunshot wound in chest</u>			<u>1 hr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart disease</u>			<u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>E976X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grant Twp. Nodaway Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 27-49 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>74</u>
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22. I hereby certify that I attended the deceased from not attended, 1949, to 1949, that I last saw the deceased alive on not seen, and that death occurred at 4:58 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Dean M.D. Alconer</u>	(Degree or title)	23b. ADDRESS <u>Maryville</u>	23c. DATE SIGNED <u>11-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 30 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Marion City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 30-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Edna Creech</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hotchkissford</u>	ADDRESS <u>Marion City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

James H. Crawford
working under my personal supervision.

Student Embalmer No. 352

Student *James H. Crawford*
Student Embalmer

Signed *J.H. Crawford*

Licensed Embalmer No. 1827

P. O. Address *Manuel City, 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.