

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40532

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5244 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cockral</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cockral</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hamden Mo. R F D</u>		d. STREET ADDRESS (If rural, give location) <u>Hamden Mo. RFD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DUNCAN</u> b. (Middle) <u>*</u> c. (Last) <u>PRESTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15 1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>JAN. 14 1880</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>1A</u> Days <u>1</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Edward Preston</u>		13b. MOTHER'S MAIDEN NAME <u>Molly McCurry</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Preston</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy Preston Hamden Mo. RFD</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Arterio Sclerosis</u> 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. <u>Smoking</u>	
19a. DATE OF OPERATION <u>12/15/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Arterio Sclerosis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>12/15</u> , 19 <u>49</u> , to <u>12-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/15</u> , 19 <u>49</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Harkness MD</u>		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>12/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 17 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>McCurry Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hamden Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-20-49</u>		REGISTRAR'S SIGNATURE <u>W. H. Harkness</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>		ADDRESS <u>Marceline Mo.</u>	

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

RECEIVED JAN 1
District Health Officer No. 8
District File Number.....
Date Filed 1-10-50

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 Francis Lee Schaberg
Licensed Embalmer No. 4513
P. O. Address Marion, 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.