

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29360

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 4030 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY OR TOWN <u>Golden City</u>		c. CITY OR TOWN <u>Golden City</u> <u>0060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM RUFUS</u> b. (Middle) <u>DUNCAN</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1950</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>July 14, 1856</u>
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 12 HRS. Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Greenfield, Mo.</u>
13a. FATHER'S NAME <u>Thomas Harvey Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Kyle</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda Ellen 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 <u>Charley Duncan</u> ADDRESS <u>Golden City, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sept ventricular failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic insufficiency</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u> <u>25-30 yrs</u> <u>4211</u>	
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>July 7, 1947</u> to <u>Sept 25, 1950</u> that I last saw the deceased alive on <u>Sept 25, 1950</u> , and that death occurred at <u>7:10</u> m.; from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Remond A. Carlson M.D.</u>		23b. ADDRESS <u>Golden City, Mo.</u>	23c. DATE SIGNED <u>9-27-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept. 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vaughn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 27-1950</u>	REGISTRAR'S SIGNATURE <u>Wazyl H. Pugh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Funeral Home</u> ADDRESS <u>Golden City, Mo.</u>	

0060

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 4 1950

Dist. File 1050-2053

Date Filed 10-4-50

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 H. Pugh.....

Licensed Embalmer No. 3278.....

P. O. Address Golden 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.