

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33150

BIRTH NO. 79801050		REG. DIST. NO. 5431		PRIMARY REG. DIST. NO. 5431		Registrar's No. 40			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin					
b. CITY (If outside corporate limits, write RURAL and give township) Franklin		c. LENGTH OF STAY (If this place) Fetal		c. CITY (If outside corporate limits, write RURAL and give township) Franklin		TOWN Franklin			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) Franklin MO 0360					
3. NAME OF DECEASED (Type or Print) a. (First) UNNAMED INFANT			b. (Middle) DUNCAN		c. (Last) DUNCAN		4. DATE OF DEATH (Month) (Day) (Year) OCT. 20 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH Oct 20 50	9. AGE (In years last birthday) 1/2 Hr.	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	IF UNDER 15 MIN. Min. 30		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME William Jackson Duncan			13b. MOTHER'S MAIDEN NAME Othelena Coon		14. NAME OF HUSBAND OR WIFE Mr W. J. Duncan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William J. DUNCAN					
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) asphyxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cord compression of umbilical DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Breech presentation				INTERVAL BETWEEN ONSET AND DEATH 30 min. 3 min. 7610	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PRAIRE FRANKLIN MO.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Oct. 20, 1950, to Oct. 20, 1950, that I last saw the deceased alive on Oct. 20, 1950, and that death occurred at 3:45 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Harold E. Donnell M.D.				23b. ADDRESS La Soto, Missouri		23c. DATE SIGNED 10-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct. 21 1950		24c. NAME OF CEMETERY OR CREMATORY GRUBVILLE MO		24d. LOCATION (City, town, or county) (State) GRUBVILLE, MO.			
DATE REC'D BY LOCAL REG. 10-22-50		REGISTRAR'S SIGNATURE C. L. Wathen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Clair, MO					

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes and signatures at the top of the page, including a large signature that appears to read "Lester J. ...".

File No. _____
DISTRICT HEALTH OFFICE No. 4
OV - 7-50

RECEIVED

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.