

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39847

State File No.

FILED JAN 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1477</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph twn.</u>		c. LENGTH OF STAY (In this place) <u>14 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0119</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2015 Garfield, Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Melvin</u>		b. (Middle) <u>Clinton</u>		c. (Last) <u>Duncan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 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>April 24, 1929</u>		
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </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>Helper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Print Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Wathena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William J. Duncan</u>			13b. MOTHER'S MAIDEN NAME <u>Mamie Robertson</u>			14. NAME OF HUSBAND OR WIFE <u>Doris Jean Duncan</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>499-20-3674</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mamie Duncan - St. Joseph, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fatal hemorrhage of the brain</u> DUE TO (c) <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man was fatally injured when the automobile he was driving turned over and rolled</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>823⁴</u> <u>28</u>		
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway #59</u>		21c. CITY TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Wayne Twp. Buchanan Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 31 1950 12:50 A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Automobile turn over</u>				
22. I hereby certify that I examined <u>viewed</u> the deceased from <u>on 12/31, 1950</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H F Wundy m.D. (Coroner)</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>1/31/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stanley Funeral Home - St. Joseph, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Eric J. Chaney* _____

Licensed Embalmer No. *4679* _____

P. O. Address *St. Joseph, 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.