

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

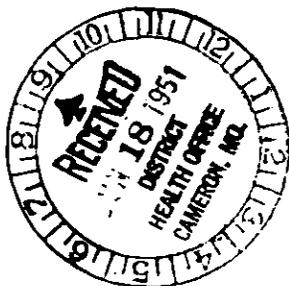
State File No. 19719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5298 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lafayette Twp.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lafayette Twp. 0250</u>		d. STREET ADDRESS (If rural, give location) <u>R.D. I Turney Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Clay</u> c. (Last) <u>DUNCAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 3 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR <u>1</u>	IF UNDER 24 HRS. <u>1</u>	IF UNDER 24 HRS. <u>1</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>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Pembroke DUNCAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SERJERNS</u>		14. NAME OF HUSBAND OR WIFE <u>ETHE Edith 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>X</u> <u>487-14-8490</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. H. C. DUNCAN</u> ADDRESS <u>Turney, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteoporosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 Mo</u>	
				ANTECEDENT CAUSES				
				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.				
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>733X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>March, 1950</u> , to <u>June, 1951</u> , that I last saw the deceased alive on <u>June 3, 1951</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. B. Spalding</u> (Degree or title)				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>June 5, 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Perrin Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Perrin Mo.</u>				
DATE REC'D BY LOCAL REG. <u>June 8-1951</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seaver</u> <u>444</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donell H. Lyon</u> ADDRESS <u>Plattsburg, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Danell R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.