

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20121**
2706

FILED JUL 7 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2706</u>								
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JACKSON						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2826 Bell		3458						
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 2826 Bell										
3. NAME OF DECEASED (Type or Print) MYRTLE			a. (First) MYRTLE			b. (Middle) DUNCAN			c. (Last) DUNCAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 1951		
5. SEX FEMALE		6. COLOR OR RACE 3 NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 15 1886		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HOLDEN, MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S.				
13a. FATHER'S NAME SAM CAMPBELL				13b. MOTHER'S MAIDEN NAME ELLEN JACKSON				14. NAME OF HUSBAND OR WIFE GEORGE 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. 510-07-4825B		17. INFORMANT'S SIGNATURE OR NAME GEORGE DUNCAN				ADDRESS 2826 Bell Street				
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA								INTERVAL BETWEEN ONSET AND DEATH		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL THROMBOSIS (OLD) WITH LEFT HEMIPLEGIA DUE TO (c) ARTERIOSCLEROTIC & HYPERTENSIVE VASCULAR DISEASE								334X		
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)								
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>6-22</u> , 19 <u>51</u> , to <u>6-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-25</u> , 19 <u>51</u> and that death occurred at <u>1:35A</u> m., from the causes and on the date stated above.														
23a. SIGNATURES E. Frank Ellis MD						23b. ADDRESS 600 East 22nd Street			23c. DATE SIGNED 6-25-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/27/51		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Holden, Missouri								
DATE REC'D BY LOCAL REG. 6-26-51		REGISTRAR'S SIGNATURE Sheraldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 18th & Benton								

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-----

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Lucas R. Watkins

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.