No. 300
10.48

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

FILED SEP 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30801

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Macon County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Macon, Mo. Hudson
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeview Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbyville, Mo. 1020
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): BURTON
c. (Last): DUNCAN

4. DATE OF DEATH (Month) (Day) (Year): 9-9-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-24-1859
9. AGE (In years last birthday): 91 — If under 1 year: Months 9, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lemuel Duncan
13b. MOTHER'S MAIDEN NAME: Charlotte Timmons
14. NAME OF HUSBAND OR WIFE: Ella Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Aura Duncan, Shelbina, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cause undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Old-age

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 578X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Sept. *19* 51, *to* 9 Sept. *19* 51, *that I last saw the deceased alive on* 8 Sept. *19* 51, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward M. Johnson M.D.
23b. ADDRESS: Macon, Mo.
23c. DATE SIGNED: 11 Sept 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-11-1951
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Shelbina, Mo.

DATE REC'D BY LOCAL REG.: 9/17/51
REGISTRAR'S SIGNATURE: Ruth M. Neely
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Barkelew-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

185

RECEIVED 9.24.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.51.154
Date Filed 9.24.51

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 E W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina Mo

Signed.....
Student Embalmer

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.