

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30882

State File No.

FILED SEP 26 1951

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u> <u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 50 Hy. East</u>		d. STREET ADDRESS (If rural, give location) <u>50 HY. EAST</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM ALEXANDER</u> b. (Middle) <u>DUNCAN</u> c. (Last) <u>DUNCAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 15, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>(b) White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1872</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months <u> </u> Days <u> </u>	# UNDER 2 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>Kaufmann County, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Davis Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Duncan</u>
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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>326-09-2738</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Duncan, 3433 West Palmer Chicago, Ill</u>	ADDRESS <u>3433 West Palmer Chicago, Ill</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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>California Moniteau Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1945, to Sept. 16, 1951, that I last saw the deceased alive on Sept. 8, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Benion S.O.</u> (Degree or title)	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>9/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>California, Moniteau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-19-51</u>	REGISTRAR'S SIGNATURE <u>H.R. Popejoy L.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME, CALIFORNIA, MO.</u>	ADDRESS <u>0</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0681

RECEIVED 4-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-51

164430521

JUN 12 1963

AUG 5 1958

DEC 4 1952

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 Hugh E. Williams
Licensed Embalmer No. 3537

P. O. Address California 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.