

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40697

State File No.

FILED DEC-22 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1285

0117
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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</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>State Hospital #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Forrest</u>	b. (Middle)	c. (Last) <u>Duncan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1951</u>
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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>March 22, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital #2</u>	11. BIRTHPLACE (State or foreign country) <u>Agency, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Powell</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Duncan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Duncan, State Hosp. #2, St. Joseph, Mo</u>	ADDRESS
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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, ashenia, 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>Cerebral hemorrhage</u>		<u>suddenly</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		<u>2 yrs</u>
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>331X</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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 11, 1951, to Dec. 11, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>State Hospital #2, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>12-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL DULFIAL <u>DULFIAL</u>	24b. DATE <u>12/14/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Agency Missouri</u>
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DATE REC'D. BY LOCAL REG. <u>Dec 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>
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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

W. E. Edmonston

Licensed Embalmer No. *4791*

P. O. Address *319 0010 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.