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FILED JAN 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. **42116**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 26th & Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Anna b. (Middle) Mattie c. (Last) Duncan			4. DATE OF DEATH (Month) (Day) (Year) December 20 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. DATE OF BIRTH January 18 1865		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN home		11. BIRTHPLACE (State or foreign country) West Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Andrew Stapleton		13b. MOTHER'S MAIDEN NAME Irene Stean		14. NAME OF HUSBAND OR WIFE George Bardoncan	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. R. Duncan, Lexington, Missouri	

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) Cerebral Occlusion		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) Arterio-sclerosis. Slightly infarction		DUE TO (c) Fossil dead in bed.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral accident with infarction several months ago					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO		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? 4201	

22. I hereby certify that I attended the deceased from **death**, 19 **12-20**, 19 **51**, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:24** m., from the causes and on the date stated above.

23a. SIGNATURE M. Martin (Degree or title) Coroner		23b. ADDRESS Odesa, Mo		23c. DATE SIGNED 12-21-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Wachpelah	
24d. LOCATION (City, town, or county) (State) Lexington, Missouri					

DATE REC'D BY LOCAL REG. 12-31-51		REGISTRAR'S SIGNATURE M. Eastbrook		FUNERAL DIRECTOR'S SIGNATURE F. J. ...	
				ADDRESS ...	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 8 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____
Date Filed JAN 8 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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.