

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23473

State File No. ....

LED JUN 27 1952

BIRTH NO. ....		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6257</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brunot</u>		c. LENGTH OF STAY (in this place) <u>Allot life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brunot - Logan Jwp.</u>		d. STREET ADDRESS (If rural, give location) <u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 52</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Liza</u>		b. (Middle) <u>Adeline</u>		c. (Last) <u>Duncan</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 11 1867</u>		9. AGE (In years last birthday) <u>85</u> 10. <u>0</u> 11. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wayne County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rice Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca King</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Duncan St. Louis, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</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 STATEMENT BY EMBALMER 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>4214</u>				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>Jan 1947</u> to <u>5-21-1952</u> , that I last saw the deceased alive on <u>5-20-1952</u> , and that death occurred at <u>9 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Est. James ...</u> (Degree or title)				23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>5-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beulah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Brunot Mo</u>	
DATE REC'D BY LOCAL REG <u>June 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coder</u>		ADDRESS <u>Piedmont Mo.</u>	

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

RECEIVED

JUN 26 1952

WAYNE CO. HEALTH CENTER

FILE NO. 652-45

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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 \_\_\_\_\_

Coder Funeral Home

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.