

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25253**

FILED AUG 11 1952

REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **4396** Registrar's No. **115**

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

1. PLACE OF DEATH a. COUNTY Pemiscot 0780		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot 780	
b. CITY (If outside corporate limits, write RURAL and give township) Wardell	c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Wardell	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) A. c. (Last) Duncan	4. DATE OF DEATH (Month) (Day) (Year) July 18, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-19-1885	9. AGE (In years) (Month) (Day) (Year) 67
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Duncan	13b. MOTHER'S MAIDEN NAME Sis Barrett	14. NAME OF HUSBAND OR WIFE Lena Duncan
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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) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Lena Duncan	ADDRESS Wardell, Mo.
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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, asthenia, 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) ANTICIPATED CAUSES Morbid conditions of any chronic disease due to the above cause (including the underlying cause last) Coronary Thrombosis		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Nov.**, 1950, to **July 18, 1952**, that I last saw the deceased alive on **July 18, 1952**, and that death occurred at **4 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Claud H. Chastan D.O.	23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 8-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-21-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) Cooter, Mo.
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DATE REC'D BY LOCAL REG 8-9-52	REGISTRAR'S SIGNATURE John W. Gerna 406-0	25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn	ADDRESS Funeral Home Wardell, Mo.
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8-52-243

Rec. AUG 9 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 *James A. Osburn* _____

Licensed Embalmer No. *4185* _____

P. O. Address *Waverly, 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.