

No. 30-48
10.48
OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30777

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1040

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117
d. STREET ADDRESS (If rural, give location) 801 N. 2nd St. 8

3. NAME OF DECEASED
a. (First) Elbert b. (Middle) _____ c. (Last) Duncan 4. DATE OF DEATH (Month) (Day) (Year) September 30, 1952

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 7, 1877 9. AGE (in years last birthday) 75 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer 10b. KIND OF BUSINESS OR INDUSTRY farm 11. BIRTHPLACE (State or foreign country) Easton, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Zack Duncan 13b. MOTHER'S MAIDEN NAME Betty Thomas 14. NAME OF HUSBAND OR WIFE Ammie Duncan

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. unk. 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ammie Duncan ADDRESS 801 N. 2nd, St. Joseph, Mo.

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) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Failure
DUE TO (c) Hydrothorax Rt.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
Unknown
Unknown
Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 4341

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-26, 1952, to 9-30, 1952, that I last saw the deceased alive on 9-29, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles W. Keagy MD (Degree or title) 23b. ADDRESS Tootle Building St. Joseph, Missouri 23c. DATE SIGNED 10-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 10/2/1952 24c. NAME OF CEMETERY OR CREMATORY Moxley Cemetery 24d. LOCATION (City, town, or county) (State) Easton Missouri

DATE REC'D BY LOCAL REG. Oct 6, 1952 REGISTRAR'S SIGNATURE Carl E. Casey 25. FUNERAL DIRECTOR'S SIGNATURE Wheaton-Bowman Funeral Home ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed: *Jemial Hawkins*.....

Licensed Embalmer No. *4536*

P. O. Address *314 South 10th St. Jax*

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.