

S. No. 3064  
v. 10. 48

OCT 20 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34113**

BIRTH NO.		REG. DIST. NO. <b>2</b>	PRIMARY REG. DIST. NO. <b>4009</b>	Registrar's No. <b>78</b>
1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Savannah</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Savannah</b> <b>0020</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>		
3. NAME OF DECEASED a. (First) <b>James</b> b. (Middle) <b>Henry</b> c. (Last) <b>Duncan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-8-1952</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>10-13-1876</b>	9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR Days <b>11</b> Hours <b>23</b> IF UNDER 48 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Mortgage Mutual Benefit</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Alfred C. Duncan</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Dewey</b>	14. NAME OF HUSBAND OR WIFE <b>Charlotte Duncan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-09-7511A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Charlotte Duncan</b> ADDRESS <b>Savannah</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular - Aneurysm</b> 1948-1952 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arterio-Sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-23-52</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		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 <b>4-9</b> , 19 <b>48</b> , to <b>10-5</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10-5</b> , 19 <b>52</b> , and that death occurred at <b>5:35 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Gilbert B. Bellard</b>		23b. ADDRESS <b>Savannah, Mo.</b>		23c. DATE SIGNED <b>10-9-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-10-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>First Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Savannah, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-13-52</b>	REGISTRAR'S SIGNATURE <b>William H. Frank</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Overit Funeral Home</b> ADDRESS <b>Savannah, Mo.</b>		

WRITE PLAINLY—USING UNFADING BACK 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

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address

*Savannah 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.