

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12710

FILED JAN 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3035 Registrar's No. 120

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

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Lexington</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Lexington</i>	
c. LENGTH OF STAY (in this place) <i>6 hrs</i>		d. STREET ADDRESS (If rural, give location) <i>26<sup>th</sup> + Frankelen Ave.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lexington Memorial Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>George</i> c. (Last) <i>Duncan</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>December 16 - 52</i>		
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5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Not known</i>		9. AGE (In years last birthday) (Month) (Day) (Year) <i>About 34</i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Coal Miner</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Coal Mining</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>Not known</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S. 9.</i>		
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13a. FATHER'S NAME <i>Not known</i>			13b. MOTHER'S MAIDEN NAME <i>Not known</i>			14. NAME OF HUSBAND OR WIFE <i>Anna Mather Stapleton</i>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Not known</i>			16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mrs Gene Davis Lexington Missouri</i>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>1) 3 hrs 2) Exposure</i> ANTECEDENT CAUSES <i>3) contusion + abrasions of face + head; cause unknown</i> DUE TO (b) <i>face + head; cause unknown</i> DUE TO (c) <i>unconscious when found</i> II. OTHER SIGNIFICANT CONDITIONS <i>Not alone</i> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  <i>79.55</i>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>No surgery</i>						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)	
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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?	
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22. I hereby certify that I attended the deceased from *December 16, 1952*, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *1:50 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. Martin M.D. Coroner 3</i>		23b. ADDRESS <i>O. Davis</i>		23c. DATE SIGNED <i>Dec 16 1952</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>December 19, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Machpelah</i>		24d. LOCATION (City, town, or county) (State) <i>Lexington Missouri</i>	
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DATE REC'D BY LOCAL REG. <i>12-31-52</i>		REGISTRAR'S SIGNATURE <i>Missouri E. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Funeral Home Lexington Missouri</i>	
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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 *Geo. McKeane*

Licensed Embalmer No. 2983

P. O. Address Leicester, Missouri

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.