

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15023

State File No.

FILED APR 18 1953

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richwoods twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richwoods twp</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0660</u>	

3. NAME OF DECEASED (Type or Print) <u>Hamon</u>	a. (First)	b. (Middle) <u>L.</u>	c. (Last) <u>Duncan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 9, 1882</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Marshall Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Shelton</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Duncan</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>710</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Opal Woolery Iberia, Mo. R#2</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severous Carcinoma of Stomach</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 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>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb 10, 1952, to April 8, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 4:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>M.M.A. Gould</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Iberia, Mo.</u>	23c. DATE SIGNED <u>4/9/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Miller Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April-10-1953</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins</u> 1953	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home Iberia, Mo.</u>	ADDRESS
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DEPARTMENT OF HEALTH

APR 15 1953

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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 Walter P. Hagedorn

Licensed Embalmer No. 14265

P. O. Address St. Louis, 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.