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

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36316

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Rock Township
c. LENGTH OF STAY (in this place): 2259
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): on Highway 61-67 Barnhart, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2442 S 3rd. St. St. Louis, Mo.
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): EDWARD
c. (Last): DUNCAN

4. DATE OF DEATH (Month) (Day) (Year): Oct 25, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ?
8. DATE OF BIRTH: Aug 2, 1935
9. AGE (In years last birthday): 18
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and State or Foreign Country): Portageville, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Edward Duncan
13b. MOTHER'S MAIDEN NAME: Evelyn Aaron
14. NAME OF HUSBAND OR WIFE: Mary Alice Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Edw. Duncan
ADDRESS: 2442 S 3rd. St. Louis

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) Traumatic Amputation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) of left Arm

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — E8154 26

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on Highway 61-67
21c. (CITY, TOWN, OR TOWNSHIP): near Barnhart Mo. **(COUNTY)**: Jefferson **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 25 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto and motorcycle Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Edwards M.D. Coroner
(Degree or title)
23b. ADDRESS: Cedar Hill Mo
23c. DATE SIGNED: 10/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 27, 53
24c. NAME OF CEMETERY OR CREMATORY: Fredericktown, Mo.
24d. LOCATION (City, town, or county) (State): Fredericktown, Mo.

DATE REC'D BY LOCAL REG.: Oct 31 1953
REGISTRAR'S SIGNATURE: Ruth Jones
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Heiligtag Funeral Home Imperial, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED NOV 3 1953

NOV 10 1953

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 [illegible]
Licensed Embalmer No. 38 [illegible]
P. O. Address [illegible]

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.