

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36317**

State File No. ....

No. 300  
10.48

0500  
3

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

FILED NOV 9 - 1953		REG. DIST. NO. <u>162</u>	PRIMARY REG. DIST. NO. <u>5595</u>	Registrar's No. <u>88</u>
BIRTH NO. _____		REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Rock Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2259 2442 S. 3rd. St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on Highway 61-67, Barnhart,</u>		d. STREET ADDRESS (If rural, give location) <u>St. Louis, Mo.</u>		
3. NAME OF DECEASED (Type or Print) (a. (First) <u>MARY</u> (Middle) <u>ALICE</u> (Last) <u>DUNCAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25, 1953</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>?</u>	8. DATE OF BIRTH <u>Jan 7, 1936</u>	9. AGE (In years last birthday) <u>17</u> # UNDER 1 YEAR Months Days # UNDER 2 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>William H. Stumbaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Womack</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Edw. Duncan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. H. Stumbaugh 5018 Minerva St. Louis, Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Due to automobile collision</u> DUE TO (c) <u>collision</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <u>E 8154 26</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Highway 61-67</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Barnhart Mo Jefferson Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 25-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto and Motorcycle Accident.</u>
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 <u>W. B. Edwards, M.D., Coroner</u>		23b. ADDRESS <u>Order Hill, Mo</u>		23c. DATE SIGNED <u>10/25/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 27 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fredericktown, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligtag Funeral Home Imperial, Mo.</u>		
DATE RECD BY LOCAL REG. <u>Oct 31 1953</u>		REGISTRAR'S SIGNATURE <u>Ruth Jones</u>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED NOV 3 1953

MAR 20 1957

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 Arthur W. Hurlington

Licensed Embalmer No. 3872

P. O. Address Imperial 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.