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

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5359

State File No. 16

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Clark Twp)
c. LENGTH OF STAY (In this place): 20Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HiWay #61 5½Mi South of Troy, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
d. STREET ADDRESS (If rural, give location): 401 E. Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): Duncan
b. (Middle): George
c. (Last): MacLennan

4. DATE OF DEATH (Month) (Day) (Year): 3-2-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-24-1885
9. AGE (In years last birthday): 68 — 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): Misister
10b. KIND OF BUSINESS OR INDUSTRY: Religion
11. BIRTHPLACE (State or foreign country): Grand River, Nova Scotia
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alexander MacLennan
13b. MOTHER'S MAIDEN NAME: Anna MacKay
14. NAME OF HUSBAND OR WIFE: Grace Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. D. G. Mac Lennan, Kirksville,

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): Multipile Skull Fractures — INTERVAL BETWEEN ONSET AND DEATH: 20Min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Collision of Automobile with Truck
DUE TO (c): Skidding on wet pavement

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: Verdict of Coroner's Jury
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.): US HiWay #61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 057 (STATE): Clark Twp Lincoln Co. Missouri.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 2, 1954 1:20pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto collided with truck

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* 2:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph J. Marsh
Coroner (Degree or title) Lincoln Co. Missouri
23b. ADDRESS: 351 Monroe St. Troy, Mo.
23c. DATE SIGNED: 3/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-6-54
24c. NAME OF CEMETERY OR CREMATORY: D.K.
24d. LOCATION (City, town, or county) (State): Salina, Kansas

DATE REC'D BY LOCAL REG.: 3-13-54
REGISTRAR'S SIGNATURE: Emma B. Ridder 162
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Davis & Vogel, Kirksville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1954

MAR 31 1954

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~~ XXX

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Joseph J. Mark

Signed.....
Student Embalmer

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.