

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5750

State File No. ....

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural -Keytesville Twp.</b>	
c. LENGTH OF STAY (in this place) <b>2-Days</b>		d. STREET ADDRESS (If rural, give location) <b>5-Miles N.W. of Keytesville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Ellen</b> b. (Middle) <b>Virginia</b> c. (Last) <b>Duncan</b>			4. DATE (Month) (Day) (Year) OF DEATH <b>Mar. 5th, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 26th, 1921</b>	9. AGE (In years) (Last birthday) <b>32</b> Months <b>2</b> Days <b>7</b> Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Keytesville, Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>LeRoy Bennett</b>	13b. MOTHER'S MAIDEN NAME <b>Louella Gordon</b>	14. NAME OF HUSBAND OR WIFE <b>Gene Duncan</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>548-30-4136</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gene Duncan</b> ADDRESS <b>Keytesville, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>37 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute hepatic &amp; renal failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Eclampsia (fulminating)</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 <b>7802</b>	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) m.	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 3-4, 1954, to 3-5, 1954, that I last saw the deceased alive on 3-5, 1954, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert H. Young M.D.</b> (Degree or title)	23b. ADDRESS <b>Woodland Hospital</b>	23c. DATE SIGNED <b>3-5-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 7th, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Keytesville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-7-54</b>	REGISTRAR'S SIGNATURE <b>Calvin Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b> ADDRESS <b>Keytesville, Mo.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MS  
JUL 29 1959

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

*H. W. Garnett*

Licensed Embalmer No. *2046*

P. O. Address *Key Breeze, Va.*

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.