No. 300
10.48

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

FILED JUL 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18579

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2001 Registrar's No. 624

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 431 N. Homewood Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 431 N Homewood Avenue 0396

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

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 23 Apr. 1905

9. AGE (In years last birthday): 49
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): Welder

10b. KIND OF BUSINESS OR INDUSTRY: Building work

11. BIRTHPLACE (City and State or Foreign Country): Brunot, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Duncan

13b. MOTHER'S MAIDEN NAME: Julia Young

14. NAME OF HUSBAND OR WIFE: Naomi 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.: 491-03-1999

17. INFORMANT'S SIGNATURE OR NAME: Naomi Duncan
ADDRESS: 431 N. Homewood Avenue, Springfield, Missouri.

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): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Metastatic Carcinoma of Brain — 2 Month
DUE TO (c): Primary Carcinoma of Right Lung — 5 Month

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: 162X

20. AUTOPSY? YES [ ] NO [X]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-25, 1954, *to* 6-28, 19 54 *that I last saw the deceased alive on* 6-28, 19 54, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Irwin (Degree or title) D.O.

23b. ADDRESS: Springfield, Missouri

23c. DATE SIGNED: 7-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-30-54

24c. NAME OF CEMETERY OR CREMATORY: White Chapel Cemetery

24d. LOCATION (City, town, or county) (State): Springfield, Missouri.

DATE REC'D BY LOCAL REG.: 7-3-54

REGISTRAR'S SIGNATURE: Earth Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: Fred C. Flieme
ADDRESS: Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul C. Thieme.....

Licensed Embalmer No. 2899
Springfield, Missouri.
P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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