

No. 300  
10-48

FILED FEB 23 1955

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5924

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Francois Township</b>		c. CITY OR TOWN <b>Cantwell</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <b>0940</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Public Road St. Fran. Co.</b>			

3. NAME OF DECEASED (Type or Print) <b>Vernon</b>	a. (First)	b. (Middle) <b>Duncan</b>	c. (Last)	4. DATE OF DEATH <b>Feb. 12, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 27, 1924</b>	9. AGE (In years last birthday) <b>30</b>	# UNDER 1 YEAR <b>6</b> Months	YEAR <b>15</b>	# UNDER 2 HRS. Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joe Lead Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Desloge, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Henry Duncan</b>	13b. MOTHER'S MAIDEN NAME <b>Lara Jane Bove</b>	14. NAME OF HUSBAND OR WIFE <b>Geraldine Duncan</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	(If yes, give war or dates of service) <b>WW #2</b>	16. SOCIAL SECURITY NO. <b>498-14-3734</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Geraldine Duncan Cantwell, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage in head</b>	DUE TO (b) <b>Coroner Jury Verdict: by self-inflicted wound in head caused by 25 automatic pistol bullet</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <b>pistol bullet</b>		

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E976X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, post, office bldg., etc.) <b>Public Road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Francois Township St. Francois MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb. 12, 1955</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>shooting self with 25 automatic pistol</b>
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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 <b>Beryl Miller</b>	(Degree or title) <b>3 Coroner</b>	23b. ADDRESS <b>Farmington MO</b>	23c. DATE SIGNED <b>2/14/55</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/14/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K. P. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. FRANCOIS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 14, 1955</b>	REGISTRAR'S SIGNATURE <b>Ether Redloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.Z. BOYER &amp; SON DESLOGE, MO.</b>	ADDRESS
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(Licensed Registrar's Statement on Reverse Side)

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

MAR 4 1953

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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.....  
Signature of Student Embalmer

Signed *B. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Aselage*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.