

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11283

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> OR TOWN <u>Norborne.</u> d. STREET ADDRESS (If rural, give location) <u>213 North Walnut Street.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne.</u> c. LENGTH OF STAY (in this place) <u>Lifetime.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> OR TOWN <u>Norborne.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>213. North Walnut Street.</u>		d. STREET ADDRESS (If rural, give location) <u>213 North Walnut Street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis.</u> b. (Middle) <u>Marie.</u> c. (Last) <u>Duncan.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>Dec. 21 1910.</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Remous Moas.</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>George E. Duncan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-14-1268</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Forestina M. Clair</u>	ADDRESS <u>Clair</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (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 <u>4201</u>	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) (Min.)	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 11-10, 1954, to 4-26, 1955, that I last saw the deceased alive on 4-25, 1955, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Staple 2 Farrell M.D.</u>	23b. ADDRESS <u>212 South Pine St. Norborne, Mo.</u>	23c. DATE SIGNED <u>4-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>April 29 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stemple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>APR. 29-1955</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John &amp; Dutch Jr</u>	ADDRESS <u>Norborne, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

John G. Deitch Jr

Licensed Embalmer No. 4797

P. O. Address Norborne

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.