

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19804

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre		c. CITY OR TOWN Cantwell	
c. LENGTH OF STAY (in this place) 4 days		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		f. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) Henry Duncan			4. DATE OF DEATH (Month) (Day) (Year) June 23 1955		
a. (First)		b. (Middle)		c. (Last)	

5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 27 1871		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR 10 months		IF UNDER 24 HRS. 26 Hours	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Co.		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> Palmar, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Marvin Duncan		13b. MOTHER'S MAIDEN NAME Katherine Wilkson		14. NAME OF HUSBAND OR WIFE Laura Duncan Elvins, Mo.			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Duncan Elvins, Missouri			
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES							
		DUE TO (b) Arterio Sclerosis							
		DUE TO (c) Hypertension							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)				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 **6-20**, 19**55**, to **6-23**, 19**55**, that I last saw the deceased alive on **6-23**, 19**55**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C.H. Appleberry M.D.		(Degree or title)		23b. ADDRESS Flour River MO		23c. DATE SIGNED 6-27-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/25/55		24c. NAME OF CEMETERY OR CREMATORY K.P.Cem.		24d. LOCATION (City, town, or county) (State) St. Francois Mo.	
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DATE REC'D BY LOCAL REG. June 27 1955		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

11/10/11
B. T. Boyer

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. 3660

P. O. Address Desloge, Mo.

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.