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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21453

FILED JUL 20 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5218 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural - Big Creek</u>		c. LENGTH OF STAY (In this place) <u>00</u>	c. CITY OR TOWN <u>Montrose</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>North Cass County 71ByPass</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u>	b. (Middle) -----	c. (Last) <u>DUNCAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 7, 1916</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Windsor, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. S.</u>
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13a. FATHER'S NAME <u>Walter Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Doris 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>Yes W.W.II</u>	16. SOCIAL SECURITY NO. <u>493-12-1005</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Doris Duncan, Montrose, Missouri</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TRAUMATIC SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MULTIPLE INJURIES</u>		
	DUE TO (c) <u>CAR ACCIDENT.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EG 234</u> <u>33</u>			

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) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Big Creek Cass Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 13 53 8:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>car left highway on curve</u>

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 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sherad Jender (Circled) 3</u>	(Degree or title)	23b. ADDRESS <u> Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>7/13/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 14, 1955</u>	REGISTRAR'S SIGNATURE <u>Dora Bernard</u>	457 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner Funeral Home</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side) Windsor, Missouri

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

90
3

JUL 28 1955

RECEIVED
JUL 18 1955
CLATSOP COUNTY
HEALTH DEPARTMENT

EM 92

MAR 17 1955

MA.

MAR 14 1956

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 *N. B. Langford*
Licensed Embalmer No. 4962

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.