

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23929**
Registrar's No. **5755**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 23929		Registrar's No. 5755					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 (township)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				STREET ADDRESS (If rural, give location) 11 3970 Cook									
3. NAME OF DECEASED (Type or Print) a. (First) Duncan			b. (Middle) _____			c. (Last) James			4. DATE OF DEATH (Month) (Day) (Year) June 30 1955				
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 19, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 3 Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) City Garbage				10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (City and State or Foreign Country) Sparta, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Thomas Duncan				13b. MOTHER'S MAIDEN NAME Bell Wheeler				14. NAME OF HUSBAND OR WIFE Roberta Duncan					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roberta Duncan 3970 Cook							
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic and Hypertensive Heart Disease DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH Undt	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200									
22. I hereby certify that I attended the deceased from June 19, 1955 , to June 30, 1955 , that I last saw the deceased alive on June 30, 1955 , and that death occurred at 6:45pm. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Edward B. Williams M. D.				23b. ADDRESS 2601 N. Whittier				23c. DATE SIGNED 7-1-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE July 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Oakdale				24d. LOCATION (City, town, or county) (State) Keosauqua, Mo.					
DATE REC'D BY LOCAL REG. JUL 5 1955				REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. P. Kowale 1221 N. Grand					

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Malvin Blackman*

Licensed Embalmer No. *396*

P. O. Address *1221 G...*

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.