

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39920**
Registrar's No. **4907**BIRTH NO. _____ REG. DIST. NO. **293** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4907**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) few minutes c. CITY OR TOWN CAMDEN d. Is 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 Clay Co Side (Missouri Riverbank)		e. STREET ADDRESS (If rural, give location) 0890	
3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) _____ c. (Last) DUNCAN			4. DATE OF DEATH (Month) (Day) (Year) APRIL MAY 26 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG 9, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISH WASHER		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 52
11. BIRTHPLACE (City and State or Foreign Country) CAMDEN Mo		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME DORIS A. DUNCAN		13b. MOTHER'S MAIDEN NAME NORA BELL COOK	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mable Neal, Camden, Mo ADDRESS _____
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) UNKNOWN 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 7955	
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? _____	
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 O. S. Pate M.D. Coroner (Degree or title) 3		23b. ADDRESS Nath Kansas City, Mo.	
23c. DATE SIGNED 11/11/55		24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	
24b. DATE 11-13-55		24c. NAME OF CEMETERY OR CREMATORY CRAVEN CEMETERY	
24d. LOCATION (City, town, or county) (State) CAMDEN MO		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER ADDRESS MISSOURI NAT. C. MO.	
DATE REC'D BY LOCAL REG. 11-13-55		REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
O. S. Pate

JAN 4 19

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.....
(Not Embalmed.)
John W. Beck

Licensed Embalmer No. 494

P. O. Address *Lawrence, Kansas*

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.