

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19404**

| | | | | |
|---|--|---|---|---|
| BIRTH NO. | | REG. DIST. NO. 366 | PRIMARY REG. DIST. NO. 4536 | Registrar's No. 36 |
| 1. PLACE OF DEATH a. COUNTY Washington | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington | | |
| b. CITY OR TOWN Potosi | c. LENGTH OF STAY (in this place) life | c. CITY OR TOWN Potosi | 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 720 Mineral St. | | e. STREET ADDRESS (If rural, give location) 720 Mineral St. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George | | b. (Middle) Henry | c. (Last) Duncan | 4. DATE OF DEATH (Month) (Day) (Year) May 26 1956 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 3-29-1872 | 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months 1 Days 27 IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheriff. ret | | 10b. KIND OF BUSINESS OR INDUSTRY County. | 11. BIRTHPLACE (City and State or Foreign Country) Palmer, Mo Washington, Co U.S.A. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Benjamin Duncan | 13b. MOTHER'S MAIDEN NAME Cynthia A. Martin | 14. NAME OF HUSBAND OR WIFE Lillin 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 Mrs Lillin Duncan, Potosi, 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) Coronary Thrombosis ANTECEDENT CAUSES Arterio Sclerosis 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. | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? | | |
| 22. I hereby certify that I attended the deceased from 7 years to 5/26 , 19 56 that I last saw the deceased alive on May 24 , 19 56 and that death occurred at 9: A. m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE H. H. Newell (Type or Print) | | 23b. ADDRESS Palmer, Mo | | 23c. DATE SIGNED 5/28/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 5-29-1956 | 24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery | 24d. LOCATION (City, town, or county) (State) Potosi, Missouri | |
| DATE REC'D BY LOCAL REG. 5/29/56 | REGISTRAR'S SIGNATURE Arbuck Rudal | 25. FUNERAL DIRECTOR'S SIGNATURE Arbuck Rudal ADDRESS Potosi, Mo | | |

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAY 29

WASH. COUNTY HEALTH DEPT.

~~NO. 10~~

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..... *Mary M. Smith*

Licensed Embalmer No. *43*

P. O. Address *Potosi, 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.