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FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19931

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smithville
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clay
c. CITY OR TOWN Smithville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 6000

3. NAME OF DECEASED (Type or Print) a. (First) Jehoiada b. (Middle) (Joe) c. (Last) Duncan

4. DATE OF DEATH (Month) (Day) (Year) June 11 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH Nov 8-1872
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY Retired Merchant
11. BIRTHPLACE (City and State or Foreign Country) Clay Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Duncan
13b. MOTHER'S MAIDEN NAME Sarah Morris
14. NAME OF HUSBAND OR WIFE Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 496-01-2099
17. INFORMANT'S SIGNATURE OR NAME M R Duncan ADDRESS Kearney Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Nephron Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — ?
DUE TO (c) 9040

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck left femur 21 — 4 days.

19a. DATE OF OPERATION 6-9-56
19b. MAJOR FINDINGS OF OPERATION Fracture of neck of left femur (pinned)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Smithville (COUNTY) Clay (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 8 1956 8:00 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell 6000

22. *I hereby certify that I attended the deceased from* June 8, 1956, *to* June 11, 1956, *that I last saw the deceased alive on* June 11, 1956, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE David R. Chiles (Degree or title) M.D.
23b. ADDRESS Smithville, Mo
23c. DATE SIGNED 6-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-13-56
24c. NAME OF CEMETERY OR CREMATORY Antioch
24d. LOCATION (City, town, or county) Near Holt (State) Mo

DATE REC'D BY LOCAL REG. 6-12-56
REGISTRAR'S SIGNATURE Marguerite Hudgens
25. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry ADDRESS Kearney Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 13 1955
CLAY CO. CENTER
HEALTH CENTER

JUL 9 1956

JUL 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. H. Wise

Licensed Embalmer No. 257

P. O. Address Smithvill

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.