

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26506**

FILED SEP 10 1956

BIRTH NO. _____		REG. DIST. NO. <b>118</b>		PRIMARY REG. DIST. NO. <b>5440</b>		Registrar's No. <b>30</b>	
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Clay Twp.</b>		c. LENGTH OF STAY (in this place) <b>3 yrs.</b>		c. CITY OR TOWN <b>Owensville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Owensville RFD #2</b>				e. STREET ADDRESS (If rural, give location) <b>Owensville RFD #2 8370</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Maggie</b>		b. (Middle) <b>Jane</b>		c. (Last) <b>Duncan</b>	
4. DATE OF DEATH		(Month) <b>Aug.</b>		(Day) <b>31,</b>		(Year) <b>1956</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 1, 1881</b>	9. AGE (In years last birthday) <b>74</b>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Koenig, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Nicholas Young</b>		13b. MOTHER'S MAIDEN NAME <b>Mahala Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Charles S. Duncan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles S. Duncan Owensville, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-vascular-renal Syndrome</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b> <b>5 yrs.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>442 X</b>				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) (Min.)		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 <b>Sept. 1, 1956</b> , to <b>8-31</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>8-31</b> , 19 <b>56</b> , and that death occurred at <b>9:45 a m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Renee Brant, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Owensville, Mo.</b>		23c. DATE SIGNED <b>9-1-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-2-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>	
DATE REC'D BY LOCAL REG <b>September 1, 1956</b>		REGISTRAR'S SIGNATURE <b>Mrs. Maxine Japprey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William H. Winter</b>		ADDRESS <b>OWENSVILLE</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 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.....  
Merrill H. Winter

Licensed Embalmer No. 383

P. O. Address. OWENSON

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.