FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2309

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LOUISIANA — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1010 TENNESSEE — Length of stay in Ib: LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1010 TENNESSEE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First RADFORD Middle — Last DUNCAN

4. DATE OF DEATH: Month Jan Day 10 Year 1957

5. SEX: MALE 6. COLOR OR RACE: WHITE 7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: Nov. 3, 1892 9. AGE (In years at last birthday): 64 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): —
10b. KIND OF BUSINESS OR INDUSTRY: UTILITIES 11. BIRTHPLACE (City and state or country): LOUISIANA, MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH DUNCAN 14. MOTHER'S MAIDEN NAME: ANNIE POLLACK

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.: 490-05-3324 17. INFORMANT: MRS RUTH DUNCAN Address: LOUISIANA MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from at time of C.O.V.A. only and last saw her/him alive on 1-10-57
Death occurred at 10 00 PM on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. F. Martin (Degree or title) M.D.
22b. ADDRESS: Louisiana, Mo.
22c. DATE SIGNED: 1/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 23b. DATE: JAN. 13, 1957 23c. NAME OF CEMETERY OR CREMATORY: RIVERVIEW CEM. 23d. LOCATION (City, town, or county) (State): LOUISIANA, MO.

24. FUNERAL DIRECTOR: Leo M. Collier ADDRESS: Louisiana, Mo. 25. DATE REC'D BY LOCAL REG.: Jan 12, 1957 26. REGISTRAR'S SIGNATURE: Bernice Collier

Illegal to Falsify

Health, Welfare Public Service

300 -56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4-01

MAY 8 1961

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collie

Licensed Embalmer No. 238

P. O. Address Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.