

Health,
& Welfare
S. Public
Health Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE GREAT CITY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40926
STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 605 So. Lexington		Length of stay in 1b 8 yrs.		d. STREET ADDRESS 605 So. Lexington		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Leroy Camden Duncan				4. DATE OF DEATH December 2, 1957 Month Day Year				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 15, 1898		9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Machinery painter		11. BIRTHPLACE (City and state or country) Kingsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joseph Wesley Duncan				14. MOTHER'S MAIDEN NAME Columbia Robinson				
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. 486-05-8672		17. INFORMANT Address Edith Nevils Duncan, Holden, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> 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) 4201							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Jan. 4 - 1957</u> , to <u>Nov. 30, 1957</u> and last saw <u>him</u> alive on <u>Nov. 30, 1957</u> Death occurred at <u>5:05 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Kelly Rowland M.D.</u>				22b. ADDRESS <u>Holden, Mo.</u>		22c. DATE SIGNED <u>12-3-1957</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Dec. 5, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Holden, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>E B CAST HOLDEN MO</u>			25. DATE RECD. BY LOCAL REG. <u>12-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u>			

(Licensed Embalmer's Statement on Reverse Side)

1958
JAN 8

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 *EBC*

Licensed Embalmer No. *405*

P. O. Address *Holden, W*

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.