

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41644

STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Flat River</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp</b>			Length of stay in lb <b>2 day's</b>	d. STREET (If outside, give location) ADDRESS <b>305a Fourth Street</b>	
3. NAME OF DECEASED (Type or print) <b>Edward (None) Duncan</b>			4. DATE OF DEATH <b>November 18, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 30, 1884</b>	9. AGE (In years last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Lead Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	11. BIRTHPLACE (City and state or country) <b>White Water, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John Marion Duncan</b>			14. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Stegall</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498 01 7236</b>	17. INFORMANT <b>H.E. Duncan Flat River, Missouri</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock, Circulatory Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractured Ribs, Pneumothorax - Contusion to Lungs + Heart</b>					<b>1 1/2 DAYS</b>
DUE TO (c) <b>Auto Accident</b>					<b>1 1/2 DAYS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Fracture Left Forearm</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Auto Accident</b>			
20c. TIME OF INJURY <b>2:00 p. m. Nov 16 1957</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Flat River</b> COUNTY <b>St. Francois</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>3 PM Nov 16 1957</b> and last saw <b>her</b> alive on <b>Nov 16, 1957</b> Death occurred at <b>3:00 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. L. Foster</b> (Degree or title) <b>MS</b>			22b. ADDRESS <b>Desloge Mo</b>		22c. DATE SIGNED <b>Nov 20, 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/20/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem. Pk</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francois Co. Mo.</b>
24. FUNERAL DIRECTOR <b>C.Z. BOYER &amp; Son</b>		ADDRESS <b>Desloge, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 19, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>

NOV 26 1957

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 *B. T. Boyer*.....

Licensed Embalmer No. *36*

P. O. Address *Dealogue*

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.