

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1957

41925

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11706

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leadington, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General Hospital		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Fred Duncan			4. DATE OF DEATH Month Day Year 12-1-1957		
5. SEX Male	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 7-18-1897	9. AGE (In years in birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Desloge, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Duncan		13b. MOTHER'S MAIDEN NAME Martha LaChonts		14. NAME OF HUSBAND OR WIFE Alice Duncan	
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. 486-18-4750	17. INFORMANT Alice Duncan Address Leadington, 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) Uremia + Diabetic Coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyelo nephritis super imposed on a Nephrosclerosis DUE TO (c) Diabetic Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the technical disease condition given in PART I (a). Acute Pancreatitis					INTERVAL BETWEEN ONSET AND DEATH 1 day 2 weeks
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.) 2604			
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 Sept 19 50 to 12-1-57 and last saw him alive on 12-1-57. Death occurred at 5:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ernest Younger, M.D. (Degree or title)			22b. ADDRESS 3624 Russell		22c. DATE SIGNED 12-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/4/1957	23c. NAME OF CEMETERY OR CREMATORY K of P Cemetery		23d. LOCATION (City, town, or county) (State) St. Francois, Mo
24. FUNERAL DIRECTOR Boyer & Son		ADDRESS Desloge, Mo		25. DATE RECD. BY LOCAL REG. DEC 6 '57	26. REGISTRAR'S SIGNATURE Carl Smith Mo mjb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *S. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Alcalá*

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.