FILED JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

357
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5126 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Deerborn Rural — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4 Mi. NW Deerborn — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: Deerborn Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4Mi.NW Deerborn — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Benjemin Middle: H. Last: Duncan

4. DATE OF DEATH: Month: Jen. Day: 7 Year: 1958

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 28, 1885
9. AGE (In years last birthday): 72 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and state or country): Deerborn, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Edward W. Duncan
14. MOTHER'S MAIDEN NAME: Levinie Duncan
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.: 487-42-5128
17. INFORMANT: Mrs. Ben. H. Duncan Address: Deerborn, 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): Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
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): 1621
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Nov. 11, 1957 to Jan 7, 1958 and last saw her/him alive on Jan. 7, 1958
Death occurred at 10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. Fielding (Degree or title) D.O.
22b. ADDRESS: Weston, Mo
22c. DATE SIGNED: 1-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-9-58
23c. NAME OF CEMETERY OR CREMATORY: Cemden Point Cem.
23d. LOCATION (City, town, or county) (State): Cemden Point, Missouri

24. FUNERAL DIRECTOR: Veughn-Aufrenc ADDRESS: Deerborn, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 16, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. R. Vaughn

Licensed Embalmer No. 4

P. O. Address. West

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.