

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008614

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PIEDMONT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>PIEDMONT 110</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>FREDRICK</u> Last <u>DUNCAN</u>				4. DATE OF DEATH Month <u>FEB</u> Day <u>5</u> Year <u>1958</u>							
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 25, 1867</u>		9. AGE (In years last birthday) <u>90</u> 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) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>NEAR PIEDMONT, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>HENRY MACK DUNCAN</u>				14. MOTHER'S MAIDEN NAME <u>SARAH HUGHES</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>NANCY DUNCAN</u> Address <u>PIEDMONT, Mo.</u>						
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 &amp; thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>1 1/2 yrs with sin.</u> DUE TO (c) <u>arterio sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>2 yrs</u> <u>2 yrs</u>			
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.) <u>4201</u>								
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____											
20d. INJURY OCCURRED WHILE AT WORK <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>1-12-56</u> , to <u>2-5-58</u> and last saw him alive on <u>2-5-58</u> Death occurred at <u>7:10 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>L. E. Emery M.D.</u>				22b. ADDRESS <u>Piedmont, Mo</u>				22c. DATE SIGNED <u>2-7-58</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-8-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY HILL</u>			23d. LOCATION, town, or county (State) <u>PIEDMONT Mo.</u>					
24. FUNERAL DIRECTOR <u>Heck Funeral Home</u> ADDRESS <u>Piedmont, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 6, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Agel Hard</u>					

(Licensed Embalmer's Statement on Reverse Side)

00-56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 Doctor, cabinet, etc. must use only standard ribbon type.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILE NO. \_\_\_\_\_  
MAYNE CO. HEALTH CENTER  
1968

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 me Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 49

P. O. Address Bedford

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.