

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009322
State File No.

FILED APR 7 1958

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town) Henley, Rural-Clark		c. CITY OR TOWN Henley	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) Clark Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Clark Township			

3. NAME OF DECEASED (Type or Print) a. (First) Lon	b. (Middle) Franklin	c. (Last) Duncan	4. DATE OF DEATH (Month) (Day) (Year) March 28, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 16, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 12	IF UNDER 24 HRS. Hours 12 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laborer and	11. BIRTHPLACE (City and State or Foreign Country) Near Henley, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John Martin Duncan	MOTHER'S MAIDEN NAME Marinda Hale	14. NAME OF HUSBAND OR WIFE Ethel Miller Duncan
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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. 490-09-9258	17. INFORMANT'S SIGNATURE OR NAME Mrs Willaim Zink, Lohman, Mo	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 48 hours 12 years 20 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Arteriosclerosis		
	DUE TO (c) Cardiac Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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I hereby certify that I attended the deceased from 3-4, 1958, to 3-28, 1958, that I last saw the deceased alive on 3-28, 1958, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. M. Eberhart (Degree or title) _____	23b. ADDRESS D.O. 2 Russellville, Mo	23c. DATE SIGNED 3-31-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 30, 1958	24c. NAME OF CEMETERY OR CREMATORY Spring Garden Highgate Hill	24d. LOCATION (City, town, or county) (State) Eugene, Mo.
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DATE REC'D BY LOCAL REG. 3 April 1958	REGISTRAR'S SIGNATURE P. P. Davis, MA-MR	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Eberhart ADDRESS _____
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WRITE PLAIN INK—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Henry H. Schaefer

Licensed Embalmer No. *2820*

P. O. Address *Princeton*

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.

Henry H. Schaefer