

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008708
STATE FILE NUMBER

DECEASED **MAR 23 1959** Registration District No. **64** Primary Registration District No. **4109** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Keytesville 0-210 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keytesville		Length of stay in lb 25-Years	d. STREET ADDRESS (If outside, give location) Keytesville Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harry Middle West Last Duncan			4. DATE OF DEATH Month March Day 16th , Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7th, 1891	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Keytesville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME John Duncan		13b. MOTHER'S MAIDEN NAME Ann Elizabeth Seehorn		14. NAME OF HUSBAND OR WIFE Ethel Wells 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. 492-14-5255	17. INFORMANT Address Mrs. Leland Enyeart, Keytesville		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism			INTERVAL BETWEEN ONSET AND DEATH 12 hrs +
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
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20c. TIME OF INJURY Hour _____ 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	
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21. I attended the deceased from Death occurred at 4:00 A.		Was not under any treatment and last saw him alive on 3/14/59 on the date stated above; and to the best of my knowledge, from the causes stated.			
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22a. SIGNATURE (Degree or title) Carl C. Meyer M.D.		22b. ADDRESS Keytesville Mo		22c. DATE SIGNED 3/18/59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 18th, 1959		23c. NAME OF CEMETERY OR CREMATOR Elliott Grove		23d. LOCATION (City, town, or county) (State) Brunswick, M o.	
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24. FUNERAL DIRECTOR A. D. Sawitt		ADDRESS Keytesville, Mo.		25. DATE RECD. BY LOCAL REG. 3/19/59		26. REGISTRAR'S SIGNATURE J. W. ...	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service

300 1-57

All diseases in Part I must be causally related.

APR 3 1958

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 H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Key West

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.