Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016796
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 588

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MO. Meth. Hosp. — Length of stay in 1b D O A

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN Faucett — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First WILLIAM Middle MARSHALL Last DUNCAN

4. DATE OF DEATH Month May Day 30 Year 1959

5. SEX Male **6. COLOR OR RACE** White **7.** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Oct. 1, 1878

9. AGE (In years last birthday) 80 — 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 (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Buchanan County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Duncan
13b. MOTHER'S MAIDEN NAME Sarah Kirkman
14. NAME OF HUSBAND OR WIFE Mary Jane 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.
17. INFORMANT Mary Jane Duncan, Address Faucett, 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) Acute Myocardial Infarction — Interval Between Onset and Death: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Old Arteriosclerosis Hen. — 1 yrs.
DUE TO (c) Myocardial Insufficiency — 1 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heart Block. 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 5-9-59 to 5-30-59 and last saw him alive on 5-26-59
Death occurred 8:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W. Kieber, M.D. (Degree or title)
22b. ADDRESS St. Joseph, Mo
22c. DATE SIGNED 6-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/2/59
23c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cem.
23d. LOCATION (City, town, or county) Deerborn, Mo. (State)

24. FUNERAL DIRECTOR Vaughn & Aufrenc, **ADDRESS** Deerborn, Mo.
25. DATE RECD. BY LOCAL REG. June 4, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clade Hardell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. Robert W. Kieber

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo

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.