No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 230

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 45

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1027 Messanie St. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 3
d. STREET ADDRESS (If rural, give location) 1027 Messanie St.

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) A
c. (Last) Duncan, Jr.

4. DATE OF DEATH (Month) (Day) (Year) January 10 1949

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH April 17, 1877
9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months 8 Days 23 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Clerk
10b. KIND OF BUSINESS OR INDUSTRY Federal Court
11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 0
12. CITIZEN OF WHAT COUNTRY? NO

13a. FATHER'S NAME John A. Duncan Sr.
13b. MOTHER'S MAIDEN NAME Josephine Smith
14. NAME OF HUSBAND OR WIFE

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'S SIGNATURE OR NAME Richard S. Duncan, St. Joseph, Mo. ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot wound through the
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head.
DUE TO (c) Man shot himself through the head with a 45 Caliber revolver. The bullet entered left side of head and exit through the parietal wall on the right side of head

INTERVAL BETWEEN ONSET AND DEATH: 1 day.

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In his home
21c. (CITY, TOWN, OR TOWNSHIP) St Joseph (COUNTY) Buch. (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 10 - 1949 8:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Gun Shot. self inflicted

22. *I hereby certify that I ~~attended~~ viewed the deceased from* on Jan 10, 1949, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:30 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE H F Mundy MD (Coroner) (Degree or title)
23b. ADDRESS 404 So 3d st.
23c. DATE SIGNED 1/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 1/12/49
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) St. Joseph, Mo. (State)

DATE REC'D BY LOCAL REG. Jan 14, 1949
REGISTRAR'S SIGNATURE G. C. Jenkins 382 D
25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman ADDRESS St Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Wm. Spalding

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.