

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Merrillville 3704  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>326</u>	PRIMARY REG. DIST. NO. <u>4481</u>	Registrar's No. <u>2</u>
1. PLACE OF DEATH a. COUNTY <u>Scottland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Scottland</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gorin</u>		c. LENGTH OF STAY (In this place) <u>Entire life</u>		
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gorin Mo</u>		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Wilber D Duncan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 - 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 30 - 1888</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>60 8 20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mercantile</u>		11. BIRTHPLACE (State or foreign country) <u>Richmond Va</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Abge Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Lena L. Duncan</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>710-01-8192</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bill Duncan Gorin Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun wound in head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicide</u>		
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 976</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gorin Scottland Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 10 1949 9 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>W. B. [Signature]</u>		23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>Jan 12 - 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 12 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gorin Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Gorin Mo</u>				
DATE REC'D BY LOCAL REG. <u>1/14/49</u>		REGISTRAR'S SIGNATURE <u>PTM Bala</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Terth Bassett Memphis</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JAN 25 1969

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.....

*Paul Smith Jr*

Signed.....

Student Embalmer

Licensed Embalmer No. *4258*

P. O. Address *Murphy*

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