

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19659

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4096 Registrar's No. 96

0190
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Freeman</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Freeman</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>None.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harold</u>	b. (Middle) <u>Harvey</u>	c. (Last) <u>Duncan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 28-50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 11-1904</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if dead) <u>Cemetery Sexton</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Thomas F Duncan</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Peterson Faye (Jones) Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Faye Duncan, Freeman Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <u>499-097458</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Faye Duncan, Freeman Mo</u>	ADDRESS <u>Freeman Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of STOMACH</u>		INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>June 23, 1950</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville, Mo.</u>
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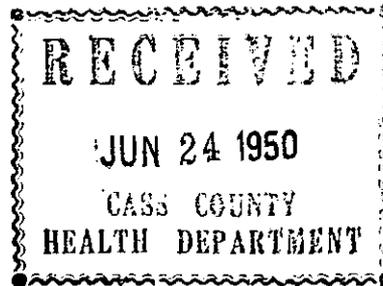
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 23, 1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from MAY, 1949, to June 23, 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at 12:24 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Green, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>6-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 30 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 30, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. LICENSED EMBALMER'S SIGNATURE <u>Edith...</u>	ADDRESS <u>Harrisonville</u>
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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 _____
Student Embalmer

Signed

Ward Atkinson

Licensed Embalmer No. 3920

P. O. Address *Sherrisville*

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.

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