

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32823
Registrar's No. 364

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 364

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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advance</u> <u>1030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |

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|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>WILLIAM DILLARD DUNCAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1951</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 26, 1867</u> | | 9. AGE (In years) if UNDER 1 YEAR if UNDER 1 YEAR if UNDER 1 YEAR <u>84</u> <u>1</u> <u>10</u> |
| 10a. USUAL OCCUPATION (Give kind of work denoting most of waking life if retired) <u>Retired lumberman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u> | | 11. BIRTHPLACE (State or foreign country) <u>Logan Co. Kentucky U.S.</u> | |
| 13a. FATHER'S NAME <u>Not known</u> | | 13b. MOTHER'S MAIDEN NAME <u>Not known</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Artie May Duncan</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) <u>none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Artie May Duncan, Memphis</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> | | ? |
| | DUE TO (c) <u>Arteriosclerotic Heart Disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic pyelonephritis</u> <u>Benign Prostatic Hypertrophy</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 4 Nov, 1951, to 6 Nov, 1951, that I last saw the deceased alive on 6 Nov, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

| | | |
|---|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. O. Kavanagh M.D.</u> | 23b. ADDRESS <u>709 Broadway - Cape Girardeau</u> | 23c. DATE SIGNED <u>Nov. 8 1951</u> |
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|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 8 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maxwell Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11-8-51</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter S. Morgan, Advance, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

164
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EMBALMENT

RECEIVED

NOV 13 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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

William H. Morgan

working under my personal supervision.

Student Embalmer No.....

Signed.....

William H. Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. *46405*

P. O. Address *Advance, 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 this body is not embalmed, fact should be so stated above.