

S. No. 300  
V. 10148

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15496

State File No. ....

FILED JUN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 44

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Andrew</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> |  |
| b. CITY - (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH 0070</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |

|                                     |                           |                           |                         |   |
|-------------------------------------|---------------------------|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) <u>Robert</u> | c. (Last) <u>Duncan</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-1952</u> |
|-------------------------------------|---------------------------|---------------------------|-------------------------|---|

|                 |                           |   |                                  |   |                                 |                                |
|-----------------|---------------------------|---|----------------------------------|---|---------------------------------|--------------------------------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>1-5-1872</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>4</u> | IF UNDER 12 HRS. Days <u>7</u> |
|-----------------|---------------------------|---|----------------------------------|---|---------------------------------|--------------------------------|

|  |                                   |  |                              |
|--|-----------------------------------|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>9</u> | 12. CITIZEN OF WHAT COUNTRY? |
|--|-----------------------------------|--|------------------------------|

|   |   |                             |
|---|---|-----------------------------|
| 13a. FATHER'S NAME <u>Joseph B Duncan</u> | 13b. MOTHER'S MAIDEN NAME <u>Susian Jane Murphy</u> | 14. NAME OF HUSBAND OR WIFE |
|---|---|-----------------------------|

|   |                                     |   |                   |
|---|-------------------------------------|---|-------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Gray Breckenridge</u> | ADDRESS <u>MO</u> |
|---|-------------------------------------|---|-------------------|

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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20 yrs</u><br><u>10 yrs</u><br><u>10 yrs</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency Stenosis</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardiac Hypertension</u><br>DUE TO (c) <u>Coronary Sclerosis</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 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 1-27, 1947, to 6-2, 1952, that I last saw the deceased alive on 6-2, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

|   |                   |              |                  |
|---|-------------------|--------------|------------------|
| 23a. SIGNATURE <u>Herbert B. Kelley</u> | (Degree or title) | 23b. ADDRESS | 23c. DATE SIGNED |
|---|-------------------|--------------|------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-5-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u> | 24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u> |
|---|-------------------------|--|--|

|  |   |  |                            |
|--|---|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>6-6-52</u> | REGISTRAR'S SIGNATURE <u>Lellon Spang</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> | ADDRESS <u>SAVANNAH MO</u> |
|--|---|--|----------------------------|

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

2070  
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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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.