

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17161
Registrar's No. 8-1952

580
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BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 2296

1. PLACE OF DEATH
a. COUNTY Linn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY Linn

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning c. LENGTH OF STAY (in this place)
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning, 0580

d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Everett b. (Middle) Ray c. (Last) Duncan

4. DATE OF DEATH (Month) (Day) (Year)
May 12 92

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 17, 1890

9. AGE (In years last birthday) 61 # UNDER 1 YEAR Months # UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist

10b. KIND OF BUSINESS OR INDUSTRY Dentist

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James S. Duncan

13b. MOTHER'S MAIDEN NAME Mary Van Horn

14. NAME OF HUSBAND OR WIFE Lillian W. Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) Yes World War #1

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Lillian W. Duncan Browning, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH instant

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 _____

19b. MAJOR FINDINGS OF OPERATION 42-01

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-12, 1952, to 5-12, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. W. Simpson, D.D.

23b. ADDRESS Milau

23c. DATE SIGNED 5-13-52

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial

24b. DATE May 14, 52

24c. NAME OF CEMETERY OR CREMATORY Jenkins

24d. LOCATION (City, town, or county) (State) Browning rural Mo.

DATE REC'D BY LOCAL REG. May 15, 52

REGISTRAR'S SIGNATURE Elva Crookshanks 106-7

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wade Funeral Home Browning, Mo.

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

RECEIVED
MAY 25 1959

RECEIVED
MAY 25 1959

VS MAY 25 1959 SA

JUN 2 1959

JUN 5 1959

630

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 Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.