S. No. 300
V. 10.48

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

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20095

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 573

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 713 E. Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene 0396
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0
d. STREET ADDRESS (If rural, give location): 713 E. Boyer

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Hamilton
c. (Last): Duncan

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 2 Nov. 1882

9. AGE (In years last birthday): 69 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and State or Foreign Country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William R. Duncan

13b. MOTHER'S MAIDEN NAME: Adaline Helton

14. NAME OF HUSBAND OR WIFE: Effie Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Effie Duncan
ADDRESS: Springfield, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

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. Pulmonary emphysema — 3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4341

20. AUTOPSY? YES ☐ NO ☑

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) Springfield (COUNTY) Greene (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* July 16, 1947, *to* June 12, 1952, *that I last saw the deceased alive on* Apr. 1, 1952, *and that death occurred at* 1:45 Am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: 609 Cherry St.

23c. DATE SIGNED: June 12 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-14-1952

24c. NAME OF CEMETERY OR CREMATORY: White Chapel Cemetery

24d. LOCATION (City, town, or county) Springfield, (State) Missouri

DATE REC'D BY LOCAL REG.: 6-14-52

REGISTRAR'S SIGNATURE: Edith Williamson Deputy

25. FUNERAL DIRECTOR'S SIGNATURE: J.W. Klingner & Co.
ADDRESS: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 [illegible]

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 Max B. Rhodes

Licensed Embalmer No. 4071

P. O. Address [illegible]

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.