

FILED JAN 20 1953 STANDARD CERTIFICATE OF DEATH

State File No. 2695

BIRTH NO. <u>3035</u>		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>4449</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u>		c. LENGTH OF STAY (in this place) <u>5 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Summersville 1076</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Carter Maternity Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Terry</u>		a. (First) <u>Lloyd</u>		b. (Middle) <u>Duncan</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT 0</u>	
8. DATE OF BIRTH <u>Jan 5 1953</u>		9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR Months Days <u>5</u>		IF UNDER 24 HRS. Hours Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ellington MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>	
13a. FATHER'S NAME <u>Lloyd Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Ashberry</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Duncan</u>		ADDRESS <u>Summersville MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		ANTECEDENT CAUSES				5 1/2 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Asphyxia</u>					
		DUE TO (c) <u>Central & Peripheral Asphyxia</u>					
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) <u>(No Sedation used)</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7625		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 <u>JAN 5</u> , 1953, to <u>JAN 5</u> , 1953, that I last saw the deceased alive on <u>JAN 5</u> , 1953, and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kenneth J. Carter D.O.</u>				23b. ADDRESS <u>Ellington MO</u>		23c. DATE SIGNED <u>1/17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds</u>		24d. LOCATION (City, town, or county) (State) <u>Shannon Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 17 1953</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u> 276		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Chas. L. Pruitt</u>		ADDRESS <u>Ellington MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0900

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Seaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.