

STANDARD CERTIFICATE OF DEATH

State File No. **29299**

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5759** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Maries			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Spring Creek Twp.		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Spring Creek Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) Vichy, Mo.		

3. NAME OF DECEASED a. (First) Thomas b. (Middle) Edwin c. (Last) Duncan			4. DATE OF DEATH (Month) (Day) (Year) Aug 4, 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1883	9. AGE (In years last birthday) 69	10. MONTH 10	11. DAY 19	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Perry Duncan		13b. MOTHER'S MAIDEN NAME Marehly Spencer		14. NAME OF HUSBAND OR WIFE Laura Duncan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Guy Duncan, Vichy, Mo.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic myocarditis						?	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) Hypertension DUE TO (c)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 March 4, 1946, to August 3, 1953, that I last saw the deceased alive on August 3, 1953, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. C. Seward</i> D.O.		23b. ADDRESS Vienna, Missouri		23c. DATE SIGNED 8-7-53			
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24b. DATE 8/6/53		24c. NAME OF CEMETERY OR CREMATORY Upper Davis Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County, Mo.	

DATE REC'D BY LOCAL REG. 8-11-53		REGISTRAR'S SIGNATURE <i>Pauline Howard</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>McCommiskey</i>		ADDRESS Vienna, Mo.	
---	--	---	--	---	--	--------------------------------------	--

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

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 *McP...*

Licensed Embalmer No. 3664

P. O. Address *...*

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.