

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40035**  
Registrar's No. **24**

FILED DEC 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **4444**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Camden</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Camden</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Street not listed</b>		d. STREET ADDRESS (If rural, give location) <b>Street not listed</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Doris</b> b. (Middle) <b>ASBURY</b> c. (Last) <b>DUNCAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 25, 1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>September 27, 1898</b>	9. AGE (In years last birthday) <b>85</b>	10. IF UNDER 1 YEAR <b>1</b> Months	11. IF UNDER 1 YEAR <b>28</b> Days	12. IF UNDER 1 YEAR <b>0</b> Hours	13. IF UNDER 1 YEAR <b>0</b> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coalminer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Jackson Duncan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane (Buss) Duncan</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. Bell (Cook) Duncan</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Wm. H. Neal, Richman, Mo.</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrest</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypostatic pneumonia</b> DUE TO (c) <b>Fractured Rib</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Ray</b> (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from **8-24, 1953**, to **11-20, 1953**, that I last saw the deceased alive on **11-20, 1953**, and that death occurred at **8:02 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. K. Hamant</b> (Degree of title) _____	23b. ADDRESS <b>Richman, Mo.</b>	23c. DATE SIGNED <b>11-22-53</b>
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24a. ROTAL CREMATION REMOVAL (Specify) <b>None</b>	24b. DATE <b>Nov. 28, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cranen</b>	24d. LOCATION (City, town, or county) (State) <b>Camden Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-30-53</b>	REGISTRAR'S SIGNATURE <b>Helen J. Larkin</b> 272	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>QUEST-RIE FUNERAL HOME RICHMAN, MISSOURI per J. White</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

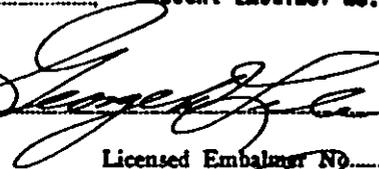
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.