

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3959**
Registrar's No. **179**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Most Life		e. STREET ADDRESS (If rural, give location) 507 Fillmore Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At City Hall St. Joseph 11th & Frederick Avenue			

3. NAME OF DECEASED (Type or Print) WILLIAM DUNCAN			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 28, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Platte County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Zack Duncan	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Thomas	14. NAME OF HUSBAND OR WIFE Mrs. Hettie 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. Not given	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hettie Duncan St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Club discharged from heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary Thrombosis		unknown
	DUE TO (c) Endocarditis		unknown
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Systemic Infection		unknown

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) 4214
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 **2/8**, 19**55**, to **2/8**, 19**55**, that I last saw the deceased alive on **2-8**, 19**55**, and that death occurred at **10:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 423 Main St., City	23c. DATE SIGNED 2/9/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri

DATE REC'D BY LOCAL REG. Feb 17, 1955	REGISTRAR'S SIGNATURE 485 Nathan M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home St. Joseph, 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.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *H.6.2.7.*

P. O. Address *St. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.