

**STANDARD CERTIFICATE OF DEATH**

21728

State File No. ....

**FILED AUG 5 - 1955**

REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 543 Registrar's No. ....

<b>BIRTH NO.</b> _____		<b>REG. DIST. NO.</b> <u>113</u>		<b>PRIMARY REG. DIST. NO.</b> <u>543</u>		<b>Registrar's No.</b> _____	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Franklin</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Prairie</u> )		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural-Prairie</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Rt. Grubville, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Star Rt. Grubville, Mo.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>David Jackson Duncan</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 23, 1955</u>		
a. (First)	b. (Middle)		c. (Last)		
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widower</u>		<b>8. DATE OF BIRTH</b> <u>March 17, 1876</u>
<b>9. AGE</b> (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Gen'l. Farming</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Franklin County, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					
<b>13a. FATHER'S NAME</b> <u>Jackson Duncan</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Prudie Quarry</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Margaret King Duncan</u>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>David Duncan</u>	
				<b>ADDRESS</b> <u>Grubville, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u>				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (If degree or title) <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>DeSoto, Mo.</u>		<b>23c. DATE SIGNED</b> <u>7/26/55</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>7/26/55</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Franklin County Mo.</u>					
<b>DATE REC'D BY LOCAL REG.</b> <u>8-5-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J. Lee Mothershead</u>	
				<b>ADDRESS</b> <u>DeSoto, Mo.</u>	

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

300  
48

360

03600

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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 *Andrew H. England*.....

Licensed Embalmer No. *47*.....

P. O. Address *De Soto*.....

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.