No. 300
10.48

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

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5852

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Springfield Edgar Springs
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 63 - Edgar Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN: Edgar Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Highway 63

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ANDREW
c. (Last): DUNCAN

4. DATE OF DEATH (Month) (Day) (Year): February 14, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 9, 1882
9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant-Postmaster, ret.
10b. KIND OF BUSINESS OR INDUSTRY: Store & Office
11. BIRTHPLACE (City and State or Foreign Country): Relfe, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert B. Duncan
13b. MOTHER'S MAIDEN NAME: Lucy Bradford
14. NAME OF HUSBAND OR WIFE: Ella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ella Duncan
ADDRESS: Edgar Springs

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary & cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) cachexia & debilitation
DUE TO (c) pulmonary Tuberculosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1955, 19___, *to* Feb 14, 1956, *that I last saw the deceased alive on* Feb 14, 1956 *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. J. Myers D.O.
23b. ADDRESS: Fordland, Mo.
23c. DATE SIGNED: 2-15-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 17, 1956
24c. NAME OF CEMETERY OR CREMATORY: Edgar Springs Cemetery
24d. LOCATION (City, town, or county) (State): Edgar Springs, Missouri

DATE REC'D BY LOCAL REG.: Feb. 16, 1956
REGISTRAR'S SIGNATURE: Nadine L. Steel
25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Null
ADDRESS: Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer
County File Number 631
Date Filed FEB 24 1956

APR 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul E. Nul

Licensed Embalmer No...449

P. O. Address.....Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.