

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009189
State File No.

FILED MAR 24 1958

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Chariton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Chariton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Keytesville Twp. c. LENGTH OF STAY (In hospital) OR 50 years
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Keytesville Twp.

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1/2 Mile E. of Keytesville
d. STREET ADDRESS (If rural, give location) 1/2 Mile E. of Keytesville

3. NAME OF DECEASED
a. (First) Albert b. (Middle) Lee c. (Last) Duncan
4. DATE OF DEATH (Month) (Day) (Year) March 16th, 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 21st, 1871 9. AGE (In years last birthday) 87 # UNDER 1 YEAR Months 0 Days 0 # UNDER 2 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Retired Farmer
10b. KIND OF BUSINESS OR IN- General Farming
11. BIRTHPLACE (State or foreign country) Chariton County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Duncan 13b. MOTHER'S MAIDEN NAME Nannie Bartee 14. NAME OF HUSBAND OR WIFE Atha Duncan

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 ADDRESS Otis Duncan Keytesville, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) "Apoplexy"
INTERVAL BETWEEN ONSET AND DEATH 12 hrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 334X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 March 16, 1958, to March 16, 1958, that I last saw the deceased alive on March 16, 1958, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl E. Heyer 23b. ADDRESS (M.D.) 10 Keytesville Mo 23c. DATE SIGNED 3/19/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 18th, 1958 24c. NAME OF CEMETERY OR CREMATORY Rothville Cemetery 24d. LOCATION (City, town, or county) (State) Rothville, Mo.

DATE REC'D BY LOCAL REG. 3/24/58 REGISTRAR'S SIGNATURE G. H. Kauter 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. R. Gammitt Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0219

0219

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed H. O. Jewell

Signed.....
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Key West Fla

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.