Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000669
STATE FILE NUMBER

FILED FEB 6 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jefferson City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 526 Locust Street — Length of stay in 1b: 12 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 526 Locust Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: DETO Last: DUNCAN

4. DATE OF DEATH Month: January Day: 30th Year: '59

5. SEX: Male **6. COLOR OR RACE:** Negro **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Oct 14th ~~1875~~ 1877

9. AGE (In years last birthday): ~~81~~ 82 — 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): Laborer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (City and state or country): Cole Junction, Cole Co. Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Alex Duncan

13b. MOTHER'S MAIDEN NAME: Adline Brown

14. NAME OF HUSBAND OR WIFE: Not Married

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs Hilda Flax Jefferson City, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular Fibrillation	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Auricular Fibrillation	1 yr
DUE TO (c)	Congestive Heart Disease 4341 A	5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Tuberculosis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 8,9 2-16-59 JDS CORRECTED
BY: 1. AFFIDAVIT OR Funeral Director
2. DOCUMENT Amer. Republic Ins. Policy # ALW-2189 Dated 3-10-52

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 5, 1958 to Jan 24, 1959 and last saw her/him alive on Jan 30, 1959
Death occurred at 1:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William A. Lowe Jr. (Degree or title) **22b. ADDRESS** 500 Lafayette Jeff. City, Mo. **22c. DATE SIGNED** 2/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** Febr 1st 1959 **23c. NAME OF CEMETERY OR CREMATORY:** Clark Cemetery **23d. LOCATION** (City, town, or county) (State): Cole County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Robinson Service, Jefferson City, Mo. **25. DATE RECD. BY LOCAL REG.:** 4 February 1959 **26. REGISTRAR'S SIGNATURE:** R.P. Harris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

VS FEB 6 1959

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 Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address [illegible]

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.