

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008385
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 032 Primary Registration District No. Registrar's No. 22

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN UNION TWP. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN 0090 Inside Limits 0 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 18 mi. S.E. of FREDERICKTOWN		Length of stay in lb LIFE	
d. STREET ADDRESS 18 mi. S.E. of FREDERICKTOWN		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES MONROE DUNCAN			4. DATE OF DEATH Month Day Year MARCH 15 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 2, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min. 8 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY BOLLINGER CO., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.-A.		
13. FATHER'S NAME BAT DUNCAN			14. MOTHER'S MAIDEN NAME MARGARET FAOLER			
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. NONE		17. INFORMANT Address MRS. MAGGIE DUNCAN - PATTON, MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CORONARY INSUFFICIENCY		
DUE TO (c) ARTERIO-SCLEROSIS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1957 to MAR-15-59 and last saw him alive on 3-10-59 Death occurred at 1730 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) W. Madamson	22b. ADDRESS 2 Perryville Mo	22c. DATE SIGNED 2-17-59

23a. BURIAL, CREMATION, or other (SPECIFY) BURIAL	23b. DATE MAR. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY	23d. LOCATION (City, town, or county) (State) MADISON CO. MISSOURI
24. FUNERAL DIRECTOR W. Madamson	ADDRESS FREDERICKTOWN, MO.	25. DATE RECD. BY LOCAL REG. 3/19/59	26. REGISTRAR'S SIGNATURE Mrs. Buford Orader

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 e
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address FREDERICK

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