

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010500
STATE FILE NUMBER

FILED MAR 26 1959 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY POTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY POTNAM	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNIONVILLE		c. CITY OR TOWN UNIONVILLE 1860	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MORGAN MOTEL		d. STREET ADDRESS (If outside, give location) HINT # 136	
3. NAME OF DECEASED (Type or print) First CHARLES Middle FREDRICK Last DUNCAN		4. DATE OF DEATH Month MAR. Day 15 Year 1959	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 11, 1908
9a. AGE (In years last birthday) 50	9b. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	9c. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER	10b. KIND OF BUSINESS OR INDUSTRY LOCKER	11. BIRTHPLACE (City and state or country) LUCERNE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME GEORGE ALLAN DUNCAN		14. MOTHER'S MAIDEN NAME MARY BISHOP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 479-10-7803	17. INFORMANT MRS DAISY DUNCAN Address 204 W. HICKORY ST. RICKWOOD, 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) self-inflicted - 45 caliber .38 Smith & Wesson - in garage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			ONSET AND DEATH instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 976X	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ 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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles F. Duncan</i> (Degree or title) 3		22b. ADDRESS Unionville Mo	22c. DATE SIGNED 5-15-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR 19, 1959	23c. NAME OF CEMETERY OR CREMATORY UNION	23d. LOCATION (City, town, or county) (State) GIBBS, Missouri
24. FUNERAL DIRECTOR Kelly Bros	ADDRESS Brookman, Mo.	25. DATE RECD. BY LOCAL REG. 3-20-59	26. REGISTRAR'S SIGNATURE Marcell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

This certificate cannot certify to a death due to natural causes.

Inf, welfare, public, vice

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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... *Richard B. Kelly*.....

Licensed Embalmer No. *45*

P. O. Address *Elm*.....

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.