

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30882

State File No. _____

FILED SEP 26 1951

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY OR TOWN <u>CALIFORNIA</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>CALIFORNIA</u>		0681	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 50 Hy. East</u>				d. STREET ADDRESS (If rural, give location) <u>50 HY. EAST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM ALEXANDER</u>		b. (Middle) _____		c. (Last) <u>DUNCAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 15, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>(b) White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 12, 1872</u>	
9. AGE (In years last birthday) <u>79</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>Kaufmann County, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Davis Duncan</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Nancy Duncan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>326-09-2738</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Duncan, 3433 West Palmer Chicago, Ill</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>California Moniteau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1951</u> , to <u>Sept. 16, 1951</u> , that I last saw the deceased alive on <u>Sept. 8, 1951</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. H. Benion D.O.</u>				23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>9/17/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/17/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>California, Moniteau, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-19-51</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy L.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME, CALIFORNIA, MO.</u>		ADDRESS	

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

0681

RECEIVED 4-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-51

15443005

JUN 12 1963

AUG 5 1958

DEC 24 1952

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.....
Student Embalmer

Signed Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California Mo.

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.