

No. 300
10.48

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Calloway

40797
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1700

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Springfield
c. LENGTH OF STAY (If in this place) 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 527 E. Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
d. STREET ADDRESS (If rural, give location) 527 E. Walnut

3. NAME OF DECEASED (Type or Print)
a. (First) Walter b. (Middle) F. c. (Last) Duncan
4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 9, 1902 9. AGE (In years last birthday) 46 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) Apartment Mgr & Owner
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Kansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Duncan 13b. MOTHER'S MAIDEN NAME Lynback 14. NAME OF HUSBAND OR WIFE Lillie Duncan

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. ? 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillie Duncan Springfield, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Coronary thrombosis in July 1946 - again in March 1946 - with Coronary insufficiency after ward
INTERVAL BETWEEN ONSET AND DEATH a few minutes
3 1/2 yr +
4 20 1

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) _____

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 April, 1947, to Dec 12, 1949, that I last saw the deceased alive on Dec 7, 1949, and that death occurred at 8 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Calloway M.D. 23b. ADDRESS Springfield Mo 23c. DATE SIGNED 12/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/14/49 24c. NAME OF CEMETERY OR CREMATORY Eastlawn 24d. LOCATION (City, town, or county) (State) Springfield, Mo.

DATE REC'D BY LOCAL REG. 12-14-49 REGISTRAR'S SIGNATURE W.E. Handley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

39
2
5

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.

Signed Walter E Hamelton

Signed _____
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address Springfield 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.