

Health,
Welfare
Public
Service

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011556
STATE FILE NUMBER
3110

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3110

300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MAPLEWOOD 4544		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO-BAPTIST Hosp.		Length of stay in lb 3 wks		d. STREET ADDRESS (If outside, give location) 27 7240 SARAH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM GERALD DUNCAN				4. DATE OF DEATH Month Day Year 3 16 58			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-25-1894		9. AGE (In years last birthday) 63 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) PRES.		10b. KIND OF BUSINESS OR INDUSTRY DUNCAN MINING CO		11. BIRTHPLACE (City and state or country) HEAVENER OKLA.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM DUNCAN			13b. MOTHER'S MAIDEN NAME IDA A. WITTE-LINDSEY			14. NAME OF HUSBAND OR WIFE BLANCHE - DUNCAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES w.w. I		16. SOCIAL SECURITY NO. 49636-5045		17. INFORMANT Address JAMES K. DUNCAN - 3401 MERAMEC			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1						INTERVAL BETWEEN ONSET AND DEATH 30 to 60 min ?	
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.) 1				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 2-24-58 to 3-16-58 and last saw him alive on 3-18-58 Death occurred at 8:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deed or style) Harford Phillips				22b. ADDRESS 1117 N. Union		22c. DATE SIGNED 3-12-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED - RAIL		23b. DATE 3-18-58		23c. NAME OF CEMETERY OR CREMATORY DUNCAN CEM		23d. LOCATION (City, town, or county) (State) WALDRON ARK.	
24. FUNERAL DIRECTOR ADDRESS JAY B. SMITH - MAPLEWOOD MO.			25. DATE RECD. BY LOCAL REG. MAR 18 58		26. REGISTRAR'S SIGNATURE Carl Smith MD		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Allen Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address *Ph...*

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.