

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004164  
STATE FILE NUMBER

FILED VS JAN 16 1961

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 57

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Town and Country</b>			Length of stay in 1b <b>24 days</b>		c. CITY OR TOWN <b>Highland</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>No. 25 Jennifer Lane</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rural Route No. 2</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Una</b> Middle <b>...</b> Last <b>Duncan</b>			4. DATE OF DEATH Month <b>January</b> Day <b>6</b> Year <b>1961</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/19/1872</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>...</b> Days <b>...</b> Hours <b>...</b> Min. <b>...</b>	IF UNDER 24 HR Hours <b>...</b> Min. <b>...</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>Highland, Illinois.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lucin Mollera</b>			13b. MOTHER'S MAIDEN NAME <b>Isabelle Ulnet</b>			14. NAME OF HUSBAND OR WIFE <b>Lawson Duncan, dec'd</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT <b>Mrs. John Caulk, 25 Jennifer Lane</b>		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>impairment of eye</b>						TOWN & COUNTRY, MO. <b>Town &amp; Country, Mo.</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <b>...</b> a.m. <b>...</b> p.m. <b>...</b>		Month, Day, Year						
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 <b>Jan 4 - 1961</b> to <b>Jan 6 - 1961</b> and last saw her <b>alive</b> on <b>1 - 4 - 1961</b> Death occurred at <b>2:30 pm</b> <b>9:30</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>A. John Loggerson D.O.</b>				22b. ADDRESS <b>Kirkwood 22 MO</b>		22c. DATE SIGNED <b>1-7-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/7/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gullick Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Highland, Illinois.</b>		
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc., 4700 Washington Blvd., 1-6-61</b>			25. DATE RECD. BY LOCAL REG. <b>1-6-61</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>			

**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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.