SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=022048
STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 3079 Registrar's No. 84

FILED JUN 23 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti — Length of stay in 1b: 1 Hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Hayti — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Memorial Hospital — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First / Middle / Last: Baby Boy Duncan
4. DATE OF DEATH Month Day Year: 6 - 14 - 61

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-14-61
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HR: Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (City and state or country): Hayti, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: David Duncan
13b. MOTHER'S MAIDEN NAME: Barbara Jones
14. NAME OF HUSBAND OR WIFE: XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): XX (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: XX
17. INFORMANT: David Duncan, Pocahontas, Ark. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C Strithmatter, MD.
22b. ADDRESS
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-61
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Pocahontas, Ark.

24. FUNERAL DIRECTOR / ADDRESS: David Duncan, Pocahontas, Ark.
25. DATE RECD. BY LOCAL REG.: 6-15-61
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

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 BODY WAS NOT EMBALMED, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.