

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035246

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2487

STATE FILE NUMBER

AMENDED

FILED SEP 19 1961

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MISSOURI</b>		Length of stay in lb <b>12 DAYS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>511 S. ROLLINS</b>	

3. NAME OF DECEASED (Type or print) First <b>SAMUEL</b> Middle Last <b>DUNCAN</b>	4. DATE OF DEATH Month <b>SEPT</b> Day <b>2</b> Year <b>1961</b>
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5. SEX <b>MALE</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>12-5-78</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POSTAL EMPLOYEE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CIVIL SERVICE COMM</b>	11. BIRTHPLACE (City and state or country) <b>ROBERTSVILLE, MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ALBERT DUNCAN</b>	13b. MOTHER'S MAIDEN NAME <b>Adeline SEALS</b>	14. NAME OF HUSBAND OR WIFE <b>WIDOWED</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES SPAW</b>	16. SOCIAL SECURITY NO. <b>UNK</b>	<b>VIRGINIA GREEN (DAUGHTER) 511 S. ROLLINS CENTRALIA, MISSOURI</b>
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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>BILATERAL BRONCHOPNEUMONIA, EARLY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) DUE TO (c) <b>491X</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>GENERALIZED ARTERIOSCLEROSIS; ACUTE PAROTITIS, Left Side</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. 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
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21. attended the deceased from <b>8-21-61</b> to <b>9-2-61</b>	Death occurred at <b>7:50 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Paul G. Hornsby, M.D.</b>	22b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO</b>	22c. DATE SIGNED <b>9-3-61</b>
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23a. BURIAL, CREMATION, or other disposition (Specify) <b>REMOVAL</b>	23b. DATE <b>Sep. 6, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prospect Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lonedell, Missouri</b>
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24. FUNERAL DIRECTOR <b>Casey Lenox</b>	ADDRESS <b>St. Clair, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-5-61</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy, M.D.</b>
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DATE AMENDED

INSTEAD OF

THIS WORK SHOULD BE READ BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 WILLARD L. STRAUSSER, Student Embalmer No. 623

working under my personal supervision.

Student

Willard L. Strauss

Signature of Student Embalmer

Signed

H. M. Leroy, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair, 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.