

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-035266**

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2835

AMENDED

FILED OCT 16 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE - (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>SAINT LOUIS</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>SAINT LOUIS</b>
Length of stay in lb <b>16 days</b>		c. CITY OR TOWN <b>KINLOSH</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SAINT LOUIS COUNTY HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>5676 MONROE</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>Gary</b>	Middle	Last <b>Fountain</b>	4. DATE OF DEATH	Month <b>Oct.</b>	Day <b>5,</b>	Year <b>1961</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 17, 1894</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>LOUISE, MISS.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>JOSEPH FOUNTIAN</b>	13b. MOTHER'S MAIDEN NAME <b>UNK.</b>	14. NAME OF HUSBAND OR WIFE <b>CORENA FOUNTAIN</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)	17. INFORMANT Address <b>CORENA FOUNTAIN 5676 MONROE</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:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Generalized carcinomatosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>Carcinoma head of pancreas.</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. <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	Month, Day, Year
	a.m. p.m.	

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. I attended the deceased from **Sept. 20, 1961** to **Oct. 5, 61** and last saw her/him alive on **Oct. 5, 1961**  
 Death occurred at **3:10p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Arthur L. Howell M.D.</b> (Degree or title)	22b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>	22c. DATE SIGNED <b>10-6-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9 OCT 61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>SAINT LOUIS CO., MO.</b>
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24. FUNERAL DIRECTOR <b>BOYD BROS. FUNERAL HOME</b> ADDRESS <b>3625 CARSON ROAD</b>	25. DATE RECD. BY LOCAL REG. <b>10-8-61</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Oct. 2, 1961

Form 100

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**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 Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address 1205 Walton

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.

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