

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038492

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1215822

SL 24815

10332

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 10332

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b 9 DAYS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI b. COUNTY Jefferson  
 c. CITY OR TOWN IMPERIAL, Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) ROUTE 2, Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
ARTHUR DUNCAN NOVEMBER 5, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5-15-99 9. AGE (last birthday) 62  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) CANADA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME CHARLES DUNCAN 13b. MOTHER'S MAIDEN NAME ELIZABETH (UNKNOWN) 14. NAME OF HUSBAND OR WIFE ETHEL DUNCAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WWI 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT ETHEL DUNCAN, ROUTE 2, IMPERIAL, MO. 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) PULMONARY THROMBOEMBOLI, BILATERAL  
 DUE TO (b) ASTROCYTOMA, LEFT TEMPORAL LOBE  
 DUE TO (c) 193.0A

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  
ASTROCYTOMA, LEFT TEMPORAL LOBE; TUBERCULOSIS, BILATERAL

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. VA attended the deceased from 10-27-61 to 11-5-61 and last saw <sup>xx</sup>him alive on 11-5-61  
 Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Daniel C. Newbill, M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 11-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 11-8-61 23c. NAME OF CEMETERY OR CREMATORY National Cem. 23d. LOCATION (City, town, or county) (State) Jeff. Brks. Mo

24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. NOV 7 1961 26. REGISTRAR'S SIGNATURE Earl Smith M.D.

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

**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 David Lee Fosson

Licensed Embalmer No. 4242

P. O. Address 57 Lewis Dr.

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.