SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043124
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3196

FILED DEC 11 1961

DATE AMENDED 5/2

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI — Length of stay in 1b 250 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 729 SHENANDOAH — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MEAD Middle M. Last DUNCAN
4. DATE OF DEATH Month 11 Day 11 Year 61
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-10-95
9. AGE (last birthday) 66 YEARS — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO BODY REPAIRMAN
10b. KIND OF BUSINESS OR INDUSTRY AUTO REPAIRING
11. BIRTHPLACE (City and state or country) HUNTINGDON, TENN.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM DUNCAN
13b. MOTHER'S MAIDEN NAME MARY WALL
14. NAME OF HUSBAND OR WIFE VIVA DUNCAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
17. INFORMANT Viva Duncan (Wife) Address 729 Shenandoah, St. Louis, Mo.

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) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 8 YEARS
DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED — 5 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CHRONIC BRAIN SYNDROME
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 3-6-61, to 11-11-61 ~~XXXXXXXXXXXXXX~~ and last saw him alive on
Death occurred at 2:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W P Hamilton (Degree or title) M.D.
22b. ADDRESS VET. ADM. HOSPITAL, JEFF. BRKS., 25, MO.
22c. DATE SIGNED 11-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11/14/61
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Brrks Mo

24. FUNERAL DIRECTOR Moydell Funeral Home — ADDRESS 1926 Allen
25. DATE RECD. BY LOCAL REG. 11-13-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hadley F. Fuller Jr.

Licensed Embalmer No. 4950

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.