MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: -62-043601

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 211

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED NOV 26 1962

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti — Length of stay in 1b: 1wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pemiscot Memorial — 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: Caruthersville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 212 East 7th St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Walter Middle: Johnson Last: Duncan
4. DATE OF DEATH: Month: Nov Day: 15 Year: 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months 0 Days 18 — IF UNDER 24 HR: 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: Retired
11. BIRTHPLACE (City and state or country): Jackson, Tennessee U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: Horace Duncan
13b. MOTHER'S MAIDEN NAME: Lottie Cileman
14. NAME OF HUSBAND OR WIFE: Lottie Coleman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Lottie Duncan, Address: Caruthersville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Infarction Myocardium — Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Occlusion — Sudden
DUE TO (c): Coronary Artery disease
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 July 1962, to Nov 15, 62 and last saw him alive on Nov 15, 62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: Caruthersville
22c. DATE SIGNED: 11/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-17-1962
23c. NAME OF CEMETERY OR CREMATORY: Little Prairie
23d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

24. FUNERAL DIRECTOR: LaForge Und. Co. ADDRESS: Caruthersville, Mo.
25. DATE RECD. BY LOCAL REG.: 11-18-62
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0781		
2	0785		
3			
4	0		
5	1		
6			
7	1		
8	0		
9	420.1		
10			
11			
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed Noel C. Dean

Signature of Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Carrollton, 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.