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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 147
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Leeds Hospital St. Ward)

2. FULL NAME Lloyd Wm Duffendack
(a) Residence. No. 1850 Tennyson ave KC Kas St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30 - 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	18	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Schulze Baking Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kas.

PARENTS
10. NAME OF FATHER Fred L. Duffendack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Marthasville Mo
12. MAIDEN NAME OF MOTHER Lucy White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT G. W. White (Address) 220 N Hope KC Kas

15. FILED Jan 1, 1925 M. M. Cerone Dy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1925

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: accidental - 3rd degree burns - Contusions (multiple) - Auto truck rant into guard rail - Burned. 1½ mi. South of Leeds. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 210 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) Chas Nelson, M. D
1-12, 1925 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Park — DATE OF BURIAL 1/14 1925

20. UNDERTAKER [illegible] — ADDRESS 1915 East 15

WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of ...tion is very important, so that the relative ...ulness of various pursuits can be known. The ...n applies to each and every person, irrespec... age. For many occupations a single word or ... the first line will be sufficient, e. g., *Farmer or* ..., *Physician, Compositor, Architect, Locomo...gineer, Civil Engineer, Stationary Fireman*, etc. ... many cases, especially in industrial employ... it is necessary to know (*a*) the kind of work ...o (*b*) the nature of the business or industry, ...erefore an additional line is provided for the ...tatement; it should be used only when needed. ...mples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Sales*... (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile fac*... The material worked on may form part of the statement. Never return "Laborer," "Fore... "Manager," "Dealer," etc., without more specification, as *Day laborer, Farm laborer*, ...—*Coal mine*, etc. Women at home, who are ...l in the duties of the household only (not paid ...*eepers* who receive a definite salary), may be ... as *Housewife, Housework* or *At home*, and ..., not gainfully employed, as *At school* or *At* ... Care should be taken to report specifically ...upations of persons engaged in domestic ...for wages, as *Servant, Cook, Housemaid*, etc. ...ccupation has been changed or given up on ... of the DISEASE CAUSING DEATH, state occu... beginning of illness. If retired from busi... fact may be indicated thus: *Farmer* (*re*... *yrs.*) For persons who have no occupation ..., write *None*.

...ement of Cause of Death.—Name, first, ...ASE CAUSING DEATH (the primary affection ...ect to time and causation), using always the ...epted term for the same disease. Examples: ...*inal fever* (the only definite synonym is ...c cerebrospinal meningitis"); *Diphtheria* ...e of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY an... as ACCIDENTAL, SUICIDAL, or HOMICIDA... *probably* such, if impossible to determine d... Examples: *Accidental drowning; struck ... way train—accident; Revolver wound of ... homicide; Poisoned by carbolic acid—probabl...* The nature of the injury, as fracture of s... consequences (e. g., *sepsis, tetanus*), may ... under the head of "Contributory." (Reco... tions on statement of cause of death ap... Committee on Nomenclature of the ... Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* ...

...necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.