

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37602

BIRTH NO. 73344-49 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 360

48
44

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Blue Township	
c. LENGTH OF STAY (in this place) 9 Hrs.		d. STREET ADDRESS (If rural, give location) 11798 Independence Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED a. (First) JAMES b. (Middle) DAVID c. (Last) DUFF JR			4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Nov. 23, 1949		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 8 Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Independence, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James David Duff Sr.		13b. MOTHER'S MAIDEN NAME Dorothy May Schindler		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James D. Duff Sr., Independence, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc.: It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Persistent Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		
		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Pathologist		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:20A** m., from the causes and on the date stated above.

23a. SIGNATURE W.E. Ueber (Degree or title) M.D.		23b. ADDRESS 2800 Main		23c. DATE SIGNED 11/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/24/49		24c. NAME OF CEMETERY OR CREMATORY Centralia	
				24d. LOCATION (City, town, or county) (State) Centralia, Missouri	

DATE REC'D BY LOCAL REG. Nov. 24-1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.	
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DEC 1 REC'D

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

Student Embalmer

Signed Stanley M. Sutton

Licensed Embalmer No. 4504

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.