

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4825  
State File No. 680

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 680

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>208 W. 46th. Street</b>                              |  | d. STREET ADDRESS (If rural, give location) <b>208 W. 46th. Street</b>   |  |

|  |                          |                         |   |
|--|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Doris</b> | b. (Middle) <b>Olive</b> | c. (Last) <b>Duncan</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 13, 1950</b> |
|--|--------------------------|-------------------------|---|

|                      |                               |  |  |   |                        |                             |
|----------------------|-------------------------------|--|--|---|------------------------|-----------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b> | 8. DATE OF BIRTH <b>Sept. 17, 1911</b> | 9. AGE (In years last birthday) <b>38</b> | IF UNDER 1 YEAR Months | IF UNDER 11 HRS. Hours Min. |
|----------------------|-------------------------------|--|--|---|------------------------|-----------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|-----------------------------------|---|--|

|  |  |                                       |
|--|--|---------------------------------------|
| 13a. FATHER'S NAME <b>Dorsey B. Duncan</b> | 13b. MOTHER'S MAIDEN NAME <b>Flora A. Turner</b> | 14. NAME OF HUSBAND OR WIFE <b>--</b> |
|--|--|---------------------------------------|

|   |                                     |   |         |
|---|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Dorsey B. Duncan, 4908 Brookside Blvd.</b> | ADDRESS |
|---|-------------------------------------|---|---------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Acute Myocardial Insufficiency</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 day</b><br><b>5 weeks</b> |
|  | ANCECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Mitral Stenosis</b> |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>None</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | 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 **Jan 7, 1950** to **Feb. 13, 1950**, that I last saw the deceased alive on **Feb 10, 1950**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

|   |   |                                      |
|---|---|--------------------------------------|
| 23. SIGNATURE <b>Kenneth A. Davis</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>201 Plaza Theatre Bldg. Kansas City, Mo</b> | 23c. DATE SIGNED <b>Feb 19, 1950</b> |
|---|---|--------------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>2/15/50</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |
|---|--------------------------|--|--|

|   |  |   |         |
|---|--|---|---------|
| DATE REC'D BY LOCAL REG. <b>2-14-50</b> | REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary, Kansas City, Missouri</b> | ADDRESS |
|---|--|---|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

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1130-5

**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 Walter H. Erwin

Licensed Embalmer No. 4357

P. O. Address Kansas City, 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.