

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37370

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5388 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>Rural Blue</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>Rural Blue</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8624 E 29th</u> <u>0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8624 E 29th</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>E.</u> c. (Last) <u>DULEY</u>			4. DATE OF DEATH <u>Nov-13-1950</u> (Month) (Day) (Year)		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WID</u>	
8. DATE OF BIRTH <u>4-19-1888</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Park Board</u>		11. BIRTHPLACE (State or foreign country) <u>Cherryvale Kans</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Abraham Duley</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Jane Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Duley</u> ADDRESS <u>8624 E 29th</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u>				<u>1 YEAR</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>ARTERIOSCLEROSIS</u>		<u>5 YRS</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>CEREBRAL HEMORRHAGE</u>		<u>9 Mos</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>45 21</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 FEB 20, 1950 to NOV 13, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 10:45 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. Cunningham M.D.</u>		23b. ADDRESS <u>5018 E 24th KC Mo</u>		23c. DATE SIGNED <u>Nov 15 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Nov 15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman & Son, Inc Kansas City Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov 14 1950</u>		REGISTRAR'S SIGNATURE <u>J. A. Cunningham</u>			

(Licensed Emballer's Statement on Reverse Side)

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

W. Cunningham
50188.24
2 P.M.

Wm

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 James E. Kackelman

Licensed Embalmer No. 4393

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.