

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23007

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3079

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Olathe</u>	
c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1208 E. Cedar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christine</u> b. (Middle) <u>KAY</u> c. (Last) <u>DUFFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Oct. 3, 1950</u>		9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months <u>89</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Knoxville, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Bernard H. Duffe</u>		13b. MOTHER'S MAIDEN NAME <u>Maxine Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernard H. Duffe</u> ADDRESS <u>1208 E. Cedar Olathe, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>0 1/2 Months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructive Hydrocephalus</u>		ANTECEDENT CAUSES DUE TO (b) <u>Meningitis at age 8 Days</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>non epidemic monocytagenesia</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>340</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Acqueductal Stenosis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 July 10th, 1951, to July 19th, 1951, that I last saw the deceased alive on July 20th, 1951, and that death occurred at 7:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Acweiford M.D.</u> (Degree or title)		23b. ADDRESS <u>1000 Professional Bldg Kansas City, Missouri</u>		23c. DATE SIGNED <u>July 19, '51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DANDALE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WILTON JUNCTION, IOWA</u>	
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DATE RECD BY LOCAL REG. <u>7-20-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Lawrence</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jeffrey.

non epidemic

monocystic form

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 *Charles H. Stickney*

Licensed Embalmer No. *4560*

P. O. Address *K.P. 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.