

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27045

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3423

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 Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit	
c. LENGTH OF STAY (In this place) 6 Days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Luke Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Relle		b. (Middle) Donalvario		c. (Last) McDuffie		4. DATE OF DEATH (Month) (Day) (Year) 8/6/1951	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13 1887	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Worker		10b. KIND OF BUSINESS OR INDUSTRY Collector's Office		11. BIRTHPLACE (State or foreign country) Waverly Kansas		12. CITIZEN OF WHAT COUNTRY? U S A	
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13a. FATHER'S NAME Charles H. McDuffie		13b. MOTHER'S MAIDEN NAME Carrie Jones		14. NAME OF HUSBAND OR WIFE Mary B. McDuffie			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 490-09-7733		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary B. McDuffie Lee's Summit Mo.			
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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 6 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub Arachnoid hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) with arterial hypertension				331X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 8-2-51		19b. MAJOR FINDINGS OF OPERATION Spinal Puncture Bloody fluid.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 **July 31, 1951**, to **August 6, 1951**, that I last saw the deceased alive on **August 6, 1951**, and that death occurred at **7 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms MD.		23b. ADDRESS 411 Wilkes Rd K. City, Mo 64617		23c. DATE SIGNED 8/6/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/1951		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Mo.		24d. LOCATION (City, town, or county) (State) Lee's Summit Mo.	
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DATE REC'D BY LOCAL REG. 8-9-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Longford Lee's Summit Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1951

SEP 15 1958

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 W. B. Langford

Licensed Embalmer No. 3233

P. O. Address Leis Summit

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.