

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41565  
State File No. 5865  
Registrar's No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>	
c. LENGTH OF STAY (in this place) <b>43 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3430 E. 9th St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NORTHWEST HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Archie</b> b. (Middle) <b>—</b> c. (Last) <b>DUETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 1951</b>
---	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 11-1908</b>	9. AGE (In years last birthday) <b>43</b> If under 1 year: Months — Days — If under 12 hrs: Hours — Mins. —
--------------------	-------------------------------	--	---	---

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

13a. FATHER'S NAME <b>WALTER S. DUETT</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET Mc Graw</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN DUETT</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>487-03-5394</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HELEN DUETT</b>	ADDRESS <b>3430 E. 9th KC Mo.</b>
--	---	---	--------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Embolism</b> DUE TO (c) <b>Agutic Reaction to abdominal ulcer</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>5410</b>

19a. DATE OF OPERATION <b>12-7-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Perforated Ulcer - 2nd Sugar Bowl Obstruction</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) (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 **11-1-51** to **12-12-51**, that I last saw the deceased alive on **12-12-51**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Thompson D.O.</b>	23b. ADDRESS <b>3430 E. 9th St. KC Mo.</b>	23c. DATE SIGNED <b>12-13-51</b>
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Dec-15-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ELM WOOD</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, Mo.</b>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>12-14-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. H. Blackman &amp; Son Inc. KC Mo.</b>	ADDRESS
---	--	---	---------

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Best B. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4656*

P. O. Address *K. C. 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.