

1952 OCT 11

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31582**  
 Registrar's No. **4302**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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>30 YEARS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6415 WYANDOTTE STREET</b>		d. STREET ADDRESS (If rural, give location) <b>6415 WYANDOTTE STREET</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EDNA</b>	b. (Middle) <b>BERYL</b>	c. (Last) <b>DUNCAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-30-1952</b>
-------------------------------------	------------------------	--------------------------	-------------------------	-----------------------------------------------------------

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT-20-1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MRS. Hours Min.
----------------------	-------------------------------	-----------------------------------------------------------------------	-------------------------------------	-------------------------------------------	-----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NEVADA MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--------------------------------------------------------------------------------------------------------------	----------------------------------------------	---------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <b>FRANK J. INGRAM</b>	13b. MOTHER'S MAIDEN NAME <b>HALLIE F. MOSELY</b>	14. NAME OF HUSBAND OR WIFE <b>ELMER L. DUNCAN</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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ELMER L. DUNCAN</b>	ADDRESS <b>6415 WYANDOTTE KANSAS CITY 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Rheumatic heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral vascular accident</b> DUE TO (c) <b>Cerebral vascular accident</b>		<b>20 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>2 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **August 29, 19 51**, to **Sept. 30, 19 52**, that I last saw the deceased alive on **Sept. 29, 19 52**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George K. Landis</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>1103 Grand Ave. K. C. Mo.</b>	23c. DATE SIGNED <b>10/1/52</b>
----------------------------------------------------------------------	-----------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT-2-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. WASHINGTON CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
---------------------------------------------------------	-----------------------------	---------------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>10-2-52</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>
-----------------------------------------	------------------------------------------------	-----------------------------------------------------	-------------------------------------------------

11- 1638 8/10/1911

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. Strickney

Licensed Embalmer No. 45600

P. O. Address 150. 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.