

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**1389**

State File No. **2**

**FILED FEB 9 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (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) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>1-1/2 yr</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2706 E. 68th St.</b>		d. STREET ADDRESS (If rural, give location) <b>2706 E. 68th St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>BERTHA</b>	b. (Middle) <b>ADELL</b>	c. (Last) <b>DUNCAN</b>	<b>Jan. 2, 1953</b>		
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>April 14, 1882</b>		<b>9. AGE</b> (In years last birthday) <b>70</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Theodore Cochell</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Cynthia E. Combes</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frank Duncan</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>No</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Thelma Kelley, 2706 E. 68th St., KC Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>12 Days</b>  <b>unknown</b>  <b>4/201</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) arteriosclerosis and hypertension</b> <b>DUE TO (c) -</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Dec. 23, 1952, to Jan 2, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Wm. F. Sanders, MD</b> (Degree or title)	<b>23b. ADDRESS</b> <b>1103 Grand K.C. Mo</b>	<b>23c. DATE SIGNED</b> <b>1/2/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>1/2/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>-</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Lucerne, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1-2-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>STINE &amp; McCLURE, Kansas City, Mo.</b>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. William Sanders  
Prof. R. S.  
No 2872

After 1:30 PM

FEB 10 1950

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 J. A. Walter

Licensed Embalmer No. 2744

P. O. Address I. C. 720

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.