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FILED MAY 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14653

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY: JACKSON (Rural Blue)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE Rt 5
c. LENGTH OF STAY (in this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40 hiway & 71 ByPass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON (Rural Blue)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE Rt. 5.
d. STREET ADDRESS (If rural, give location): 40-Hiway & 71 ByPass

3. NAME OF DECEASED (Type or Print): a. (First) GERTRUDE b. (Middle) Lulu c. (Last) Ducey

4. DATE OF DEATH (Month) (Day) (Year): April-21-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3

8. DATE OF BIRTH: FEB. 20-1885

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): VERSAILLES, MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Chas. Busick

13b. MOTHER'S MAIDEN NAME: SUDIE HUFFMAN

14. NAME OF HUSBAND OR WIFE: ALONZO DUCEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: L. B. DUCEY

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic pulmonary fibrosis — Years
DUE TO (c) Secondary Anemia — Years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* General senile dibality; Chronic pulmono-osteoarthropathy — All Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: Chronic multiple osteoarthritis 525 x

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* _____, 19 47, *to* April, 19 53, *that I last saw the deceased alive on* 21 April, 19 53, *and that death occurred at* approx 1:15 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank E. Drehane M.D.

23b. ADDRESS: 301 W. Kansas Indep. Mo.

23c. DATE SIGNED: 21 April 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April-16-1953

24c. NAME OF CEMETERY OR CREMATORY: Forest Hill

24d. LOCATION* (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 4-16-53

REGISTRAR'S SIGNATURE: Jerne H. Craig 354

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. H. Blackman & Son Inc. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

33 : W-Hame
Trehane

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. C. Rinne

Licensed Embalmer No. 4879

P. O. Address K. C. Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.