

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17997

State File No. _____

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 100 Registrar's No. 2235

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Shawnee	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) (In mos.) 7	c. CITY (If outside corporate limits, write RURAL and give township) Topeka 8153	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lindeman Nursing Home, 3557 Main St.		10. STREET ADDRESS (If rural, give location) Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) VIOLA	b. (Middle) MARIE	c. (Last) DUFF	4. DATE OF DEATH (Month) (Day) (Year) May 28, 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1879 Sept. 9, 1889	9. AGE (In years last birthday) 67 23 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME James D. Atchison	13b. MOTHER'S MAIDEN NAME Harriett Haugh	14. NAME OF HUSBAND OR WIFE Hugh Charles Duff	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. William Pitt, 525 Knickerbocker Pl. KC 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
ANTECEDENT CAUSES	DUE TO (b) Thyroid disease	DUE TO (c) Arteriosclerosis	1 1/2 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Parkinson disease		2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 44 in X	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)
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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?
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22. I hereby certify that I attended the deceased from 3/14, 1953, to 5/28, 1953 that I last saw the deceased alive on 5/24, 1953, and that death occurred at 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE P. L. Byers M.D. (Degree or title)	23b. ADDRESS 4635 Wyanetta R.C. 2. Mo	23c. DATE SIGNED 5/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/30/53	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) Kirwin, Kansas
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DATE REC'D BY LOCAL REG. 5-29-53	REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Eugene Hermon

Licensed Embalmer No.

4637

P. O. Address

Lawson City, D.

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.