

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21535

State File No. 2924

FILED JUL 9 1953

BIRTH NO. FILED 1111 7-1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 4 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3338
d. FULL NAME OF HOSPITAL OR INSTITUTION 3014 E-19th Jen			d. STREET ADDRESS (If rural, give location) 3014 E-19th Jen		
3. NAME OF DECEASED (Type or Print) (First) CARRIE		b. (Middle) A	c. (Last) Duncan	4. DATE OF DEATH (Month) (Day) (Year) 6 9 53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 2	8. DATE OF BIRTH 2/29/81	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) Illinois 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wm Quick		13b. MOTHER'S MAIDEN NAME JENNIE DAVIDSON		14. NAME OF HUSBAND OR WIFE DUNCAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 500-03-1723	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thos M. Quick E. St. Louis			
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		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) shock + hemorrhage resulting from subdural hemorrhage, multiple fracture ribs, fractured Rt. mandible			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) DUE TO (a) multiple trauma of head face, etc.			E9838		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Hemorrhage		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-9-53 10:45		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? apparently beaten		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Geo. Kealhofer (Degree or title) Gen. Kealhofer, M.D.			23b. ADDRESS 4050 Republic Ave		23c. DATE SIGNED 6-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/11/53	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PK	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO		
DATE REC'D BY LOCAL REG. 6-11-53	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHELDON K.C. MO		

(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

*J. P. Sheil*

Licensed Embalmer No. 3625

P. O. Address K.C. Mo

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.