

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1288

State File No.

FILED JAN 27 1954
BIRTH NO. 95119-53 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 60

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>2406 Tracy Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2406 Tracy Ave.</u> | | 11 <u>11</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> | b. (Middle) <u>Ann</u> | c. (Last) <u>Durant</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4 1954</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Dec. 26, 1953</u> | 9. AGE (In years last birthday) <u>8</u> | 10 UNDER 1 YEAR Months <u>8</u> Days <u>0</u> | 11 UNDER 1 MO. Hours <u>0</u> Mins. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Leonard G. Durant</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Williams</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. L.G. Durant</u> | ADDRESS <u>2406 Tracy Ave.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>7630</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | 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 _____, 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.

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| 23a. SIGNATURE <u>Deputy Coroner M. Tillman</u> (Degree or title) | 23b. ADDRESS <u>1618 Lydia Ave.</u> | 23c. DATE SIGNED <u>1/5/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/6/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-6-54</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>West, Appleton & Jones Inc.</u> | ADDRESS <u>Vine 1905/</u> |
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(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING 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

Conrado Gladys Balleau

Student Embalmer No. 486

working under my personal supervision.

Student Conrado Gladys Balleau

Student Embalmer

Signed Angene English

Licensed Embalmer No. 4105

P. O. Address 400 State

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.