

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15859
2210

| | | | | | | | | | | | |
|---|--|---|---|---|---|---|--|--|---------------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>2210</u> | | | | | |
| 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 township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>38 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4511 E 9TH ST.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>19 4511 E 9TH ST.</u> | | | | 3148 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> | | | b. (Middle) <u>Michael</u> | | | c. (Last) <u>DUFFIN</u> | | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 1954</u> | | 5. SEX <u>D</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | | 8. DATE OF BIRTH <u>MARCH 7, 1888</u> | | | |
| 9. AGE (In years last birthday) <u>66</u> | | 10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vienna Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Michael Duffin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARY O'BRIAN</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Rose Duffin (Dec)</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u> | | 16. SOCIAL SECURITY NO. <u>487-01-8309</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>FRANK Duffin</u> | | | | | ADDRESS <u>5707 ST. John K.C. Mo.</u> | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Death by Hanging</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| *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. | | | | 2974 * | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u> | | | | | | | |
| 21d. TIME OF INJURY <u>5-14-54</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Hung himself with belt</u> | | | | | | | |
| 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 <u>Hugh H. Owens</u> (Degree or title) | | | | 23b. ADDRESS <u>1034 Prater Blvd</u> | | | | 23c. DATE SIGNED <u>5-14-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-18-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>mt. Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> | | | | | |
| DATE RECD BY LOCAL REG. <u>5-17-54</u> | | REGISTRAR'S SIGNATURE <u>Lealdine Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil</u> | | | ADDRESS <u>R.C. 140</u> | | | |

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 John Bates Johnson Goerner Jr, Student Embalmer No. 490 working under my personal supervision..

Student John B. J. Goerner Jr
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 482

P. O. Address K. C. 70

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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