

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18884
2447

BIRTH NO. _____ 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 admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 70 yrs.

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Mc J. B. Hospital

e. STREET ADDRESS (If rural, give location) 210 2826 Baker 3368

3. NAME OF DECEASED
a. (First) FRANK b. (Middle) DUNCAN c. (Last) DUNCAN

4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1954

5. SEX M 2

6. COLOR OR RACE W 71

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2

8. DATE OF BIRTH JUNE 3, 1892

9. AGE (In years last birthday) 81 If UNDER 1 YEAR: Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Mo 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Duncan

13b. MOTHER'S MAIDEN NAME Elizabeth Pettis

14. NAME OF HUSBAND OR WIFE Elizabeth Duncan

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mc J B Hospital -

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) Pulmonary Tuberculosis
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.

INTERVAL BETWEEN ONSET AND DEATH

00-1

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1954 to 5-26, 1954, that I last saw the deceased alive on 5-26, 1954, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.

23b. ADDRESS K. C. T. B. Hosp.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE June 1, 54

24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery

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

DATE REC'D BY LOCAL REG. 6-1-54

REGISTRAR'S SIGNATURE Geraldine Smith

FEDERAL DIRECTOR'S SIGNATURE ADDRESS N.C.K.

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

11-11-11

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.....
Signature of Student Embalmer

Signed *Nathan W. Heathley Jr.*

Licensed Embalmer No. *2498*

P. O. Address *150 N.*

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.