

FILED SEP 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27900

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 338

1. PLACE OF DEATH a. COUNTY <u>JACKSON (Brookings)</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>Royal Kansas City</u>	c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY OR TOWN <u>Royal Kansas City Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10921 E. 40 Highway</u>		e. STREET ADDRESS (If rural, give location) <u>10921 E. 40 Highway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Earl</u> c. (Last) <u>DUNCAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24 - 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-Dec-1898</u>	9. AGE (in years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baking Bread</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Springfield, Mo</u>	
13a. FATHER'S NAME <u>Winton W. Duncan</u>			13b. MOTHER'S MAIDEN NAME <u>Mamie Bell West</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Duncan</u>

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>487-09-6753</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Florence Duncan</u>		ADDRESS <u>K.C. Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>July 5</u> <u>1954</u> <u>August 23, 1954</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary atherosclerosis</u> <u>Diabetes mellitus</u>			
DUE TO (c) <u>advanced arteriosclerosis.</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>260X</u>
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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 July 5, 1954 to Aug. 23, 1954, that I last saw the deceased alive on Aug. 23, 1954 and that death occurred at 5:20 P.M. on Aug. 24, 1954, from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph D Schneider</u>	23b. ADDRESS <u>3400 E. 31st St Kansas City Mo</u>	23c. DATE SIGNED <u>Aug. 25 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 28 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-28-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Indep. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1954
MAY 25 1954

SEP 3 1954

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 *[Handwritten Signature]*

Licensed Embalmer No. *315*

P. O. Address *[Handwritten Address]*

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.