

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9076**

FILED MAR 27 1956

BIRTH NO. **94500-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1106**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

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 (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1301 Campbell		e. STREET ADDRESS (If rural, give location) 1301 Campbell	
3. NAME OF DECEASED a. (First) Reginald		b. (Middle) Maurice	
c. (Last) Duncan		4. DATE OF DEATH (Month) (Day) (Year) March 7, 1956	
5. SEX 2 Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH December 13, 1955
9. AGE (In years last birthday) 27		10. AGE (In years last birthday) 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Kans. City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME [REDACTED]		13b. MOTHER'S MAIDEN NAME Geraldine Jenkins	
14. NAME OF HUSBAND OR WIFE None		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 Geraldine Duncan	
18. ADDRESS 1301 Campbell		19. ADDRESS 1301 Campbell	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema & congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac insufficiency DUE TO (c) patent foramen ovale II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inanition	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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 L. M. Tillman		23b. ADDRESS M.D. 1618 Lydia way	
23c. DATE SIGNED 3/10/56		23d. SIGNATURE [Signature]	
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE 3/13/56	
24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State): Kans. City, Missouri	
DATE REC'D BY LOCAL REG. 3-13-56		REGISTRAR'S SIGNATURE Reva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Walter's Sons		ADDRESS 18th & Beator	

2-1-5181

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 *Bruce R. Watkins*.....

Licensed Embalmer No. *45*.....

P. O. Address *18th St*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.