

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23685**  
**3125**

BIRTH NO.          REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.         

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Graham</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City,</b> OR TOWN <b>Kansas City,</b> REGISTRY OF DEATHS (in this place) <b>4 hrs</b>		c. CITY OR TOWN <b>Hill City</b>	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 <b>Menorah Medical Center</b>		e. STREET ADDRESS (If rural, give location) <b>X</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>Craig</b>	c. (Last) <b>Duddie</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 18 56</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>7-17-56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MO. KANSAS</b>
13a. FATHER'S NAME <b>Jack Duddie</b>		13b. MOTHER'S MAIDEN NAME <b>Patricia E. Hansen</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jack Duddie</b> ADDRESS <b>Hill City, Kans.</b>
18. CAUSE OF DEATH Enter only one cause per (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, arteria, etc. means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis all lobes both lungs approx. 8 hrs</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-18, 1956</b> , to <b>7-18, 1956</b> , that I last saw the deceased alive on <b>7-18, 1956</b> and that death occurred at <b>6:10 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Sidney F. Pakula</b> (Degree or title)		23b. ADDRESS <b>411 Victor Rd</b>	
23c. DATE SIGNED <b>7/18/56</b>			
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>7-18-56</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>WAKEENEY, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>7-19-56 neva munsell</b>		REGISTRAR'S SIGNATURE <b>Spencer Mortuary, Hill Center, Kansas</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Sidney F. Pakula M.D. can help

**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.....

*John R. Sedman*  
Licensed Embalmer No. 453  
P. O. Address Kansas City

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.