

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26864**

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3272

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. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General #2**

e. STREET ADDRESS (If rural, give location) **1318 Forest**

3. NAME OF DECEASED  
a. (First) **Claude** b. (Middle) **Samuel** c. (Last) **Duncan**

4. DATE OF DEATH (Month) (Day) (Year)  
**July 23, 1956**

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married**

8. DATE OF BIRTH **June 11th 1910**

9. AGE (In years last birthday) **46**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

10b. KIND OF BUSINESS OR INDUSTRY **hospital**

11. BIRTHPLACE (City and State or Foreign Country) **Jackson County Mo.**

12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **unknown**

13b. MOTHER'S MAIDEN NAME **Nancy Laws**

14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **509-20-1568**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Constance Walker, cousin 1308 Forest**

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Bilateral bronchopneumonia**  
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. **Pulmonary congestion & edema**

INTERVAL BETWEEN ONSET AND DEATH  
  
**49 1/2**

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) (Min.)

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 **7-22-56**, 19**56**, to **7-23-56**, 19**56**, that I last saw the deceased alive on **7-23-56**, 19**56**, and that death occurred at **6:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. R. Peterson M.D.**

23b. ADDRESS **600 East 22nd St.**

23c. DATE SIGNED **July 26, 1956**

24a. BURIAL CREMATION REMOVAL (Specify) **burial**

24b. DATE **July 28 1956**

24c. NAME OF CEMETERY OR CREMATORY **Quindaro Cemetery**

24d. LOCATION (City, town, or county) (State) **Wyandotte County K ns**

DATE REC'D BY LOCAL REG. **7-28-56**

REGISTRAR'S SIGNATURE **Neva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Adkins Funeral Home K. C. Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
W. R. Peterson, M.D.

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 *C. H. Bennett*.....

Licensed Embalmer No. *447*.....

P. O. 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.