

36698

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED NOV 5 - 1956

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Saline County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Marshall Twp.</u>		c. CITY OR TOWN <u>North Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School, Marshall</u>		STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>6001</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Norma</u>	b. (Middle) <u>Jean</u>	c. (Last) <u>Duffendack</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>August 18, 1928</u>	9. AGE (In years last birthday) <u>28 y.</u>	IF UNDER 1 YEAR Months <u>2 m.</u>	IF UNDER 12 HRS. Days <u>13 d.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>North Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. F. Duffendack, D.D.S.</u>	13b. MOTHER'S MAIDEN NAME <u>Alma Hooker</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of Mo. State School, Marshall, Mo.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Profound thrombotic shock.</u>		<u>4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rectoplasty</u> DUE TO (c)		<u>8 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital agenesia</u>		<u>18 yrs</u>	

19a. DATE OF OPERATION <u>10-31-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>massive cerebral infarct with hemorrhage</u>	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>7562</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 Sept, 1956 to 31 Oct, 1956 that I last saw the deceased alive on Oct. 31, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marshall, Missouri</u>	23c. DATE SIGNED <u>10/31/56</u>
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24a. BUEHAL CRAMA- <u>[Signature]</u>	24b. DATE <u>Nov. 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshall Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-1-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Caused by ag. 11-2-56-1

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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... *Alk Campbell*

Licensed Embalmer No. *346*

P. O. Address *Martha*

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.