

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8640

STATE FILE NUMBER

1155

FILED MAR 26 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PRAIRIE VILLAGE 81508 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTER		Length of stay in lb 3 days	d. STREET ADDRESS 7407 BIRCH (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HARRY U. DUCKWORTH			4. DATE OF DEATH Month Day Year MARCH 11, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 12, 1892	9. AGE (In years last birthday) 57.64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Claim Manager - Yellow Transit Freight		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Coulterville, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob H. Duckworth			14. MOTHER'S MAIDEN NAME Mary R. Case		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 445-07-1508	17. INFORMANT Mrs. Olive Duckworth - Home		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Large organismal + organizing infarct, myo-cardium, left ventricle DUE TO (b) Atherosclerosis, right + left coronary arteries DUE TO (c) Bronchopneumonia, congestive heart failure + liver		INTERVAL BETWEEN ONSET AND DEATH 4 days 2 yrs 4 days 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from Jan 14, 1957 to March 11, 1957 and last saw her alive on March 10, 1957 Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. S. Hoffman M.D.	(Degree or title) D	22b. ADDRESS 330 Professional Bldg	22c. DATE SIGNED 3-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-13-1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Oklahoma City, Oklahoma
24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 3-12-57	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
J. S. Hoffman

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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 *Elmer D. Fink*

Licensed Embalmer No. *48*

P. O. Address *Kansas City*

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