

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8643

STATE FILE NUMBER

1229

FILED APR 2 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1229

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay		
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 Kansas City North		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Length of stay in lb 20 yrs.		d. STREET ADDRESS (If outside, give location) 5034 N. Brooklyn
3. NAME OF DECEASED (Type or print) DORSEY First BERRY Middle DUNCAN Last			4. DATE OF DEATH March 16, 1957 Month Day Year		
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 Nov. 19, 1983	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Eng. Fox Construction Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Columbia, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Alonzo Duncan			14. MOTHER'S MAIDEN NAME Anna Schraag		
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. 499-16-0944		17. INFORMANT Address Mrs. Marjorie C. Duncan Kansas City Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
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"/> 2
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 1946 to 3.16.57 and last saw ^{him} him alive on 3.15.57 Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ira C. Layton</i> (Degree or title) 0			22b. ADDRESS 977 S. Acryle Bldg. K.C. Mo		22c. DATE SIGNED 3.16.57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-18-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 3-16-57	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

Death, disease, or injury must be caused by a natural cause. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Ira C. Layton

Dr. Eric Rayton
535 Gayle Bldg.

11:30 - 2:30

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.....
J. P. Freeman

Licensed Embalmer No. *29*

P. O. Address *F. O. A.*

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.