

STANDARD CERTIFICATE OF DEATH

FILED APR 16 1957

STATE FILE NUMBER **1455**

Registration District No. 129 Primary Registration District No. 1002 Registrar's No. 1455

Health, Welfare
Public Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Fred Irwig

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pleasant Hill</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5703 Cherry St.</u>		Length of stay in lb <u>3 wks.</u>	d. STREET ADDRESS (If outside, give location) <u>7008</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MAGNALENA</u> Middle <u>—</u> Last <u>DUNCAN</u>			4. DATE OF DEATH Month <u>March</u> Day <u>28</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16, 1882</u>	9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife At Home Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and state or country) <u>Weir, Kansas</u>	
13. FATHER'S NAME <u>George Brundage</u>			14. MOTHER'S MAIDEN NAME <u>Nola Bishop</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mrs. Lee Duncan</u> Address <u>5703 Cherry St. K.C., Mo-</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure Renal failure.</u> DUE TO (b) <u>Cardiac decompensation, hypertensive</u> DUE TO (c) <u>Cor pulmonale (C) Bronchitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>520X</u>
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: <u>—</u> Month: <u>—</u> Day: <u>—</u> Year: <u>—</u> a. m. <u>—</u> p. m. <u>—</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>1952</u> to <u>3/28/57</u> and last saw her/him alive on <u>3/28/57</u> Death occurred at <u>10:30 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Fred Irwig M.D.</u>			22b. ADDRESS <u>1610 Trooper Bldg.</u>		22c. DATE SIGNED <u>3/29/57</u>
23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE <u>MAR. 29. 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lucerne Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lucerne, Missouri</u>	
24. FUNERAL DIRECTOR <u>O.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CORNER K.C., Mo-</u>		25. DATE RECD. BY LOCAL REG. <u>3-29-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

W 2 - 3169



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 *Edward M. Storey*.....

Licensed Embalmer No. *442*

P. O. Address *K.C. 10*

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.