

Health,
Welfare
Public
Service

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-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318223
STATE FILE NUMBER
4132
Registrar's No.

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 W. Westport Rd.		Length of stay in 1b 5 yrs	d. STREET ADDRESS (If outside, give location) Alcazar Hotel 101 W. 39
3. NAME OF DECEASED (Type or print) First Middle Last BYRON L. DUNCAN D. O.		4. DATE OF DEATH Month Day Year FOUND 9-3-1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 20, 1908
9. AGE (In years - last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor	11. BIRTHPLACE (City and state or country) Iberia, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF HUSBAND OR WIFE Ruby	
13a. FATHER'S NAME Geo. W. Duncan		13b. MOTHER'S MAIDEN NAME Myrtle V. Ramsey	
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. NONE	
17. INFORMANT Dr. Morris D. Duncan, 3524 Paseo		Address	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exact cause death unknown			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Too decomposed to fort e 979h			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (viewed in PART I (a)) Left several notes regarding property			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 1034 Walnut Ridge	22c. DATE SIGNED 9-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-7-57	23c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	23d. LOCATION (City, town, or County) (State) Iberia, Mo.
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar F. H. mo.		ADDRESS K.C.	25. DATE RECD. BY LOCAL REG. 9-4-57
26. REGISTRAR'S SIGNATURE Neva Marshall			

Hugh H. Owens
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 (Not Embalmed), Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Melvin Darteau*

Licensed Embalmer No. *4903*

P. O. Address *KC Mo.*

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.