

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009910  
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1471

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1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Elms Nursing Home</i>		Length of stay in lb <i>70 Yrs</i>	d. STREET ADDRESS (If outside, give location) <i>3105 Washington</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Grable</i> Middle <i>Watson</i> Last <i>Duwall Sr.</i>			4. DATE OF DEATH Month <i>March</i> Day <i>20</i> Year <i>1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12/7/1874</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Law</i>	11. BIRTHPLACE (City and state or country) <i>Severy, Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>		13. FATHER'S NAME <i>J. M. Duwall</i>	
13b. MOTHER'S MAIDEN NAME <i>Georgiann Lomax</i>		14. NAME OF HUSBAND OR WIFE <i>Elizabeth L. Duwall</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Elizabeth Duwall 3105 Washington</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terminal Bronchial Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral Arteriosclerosis</i>			several years
DUE TO (c) <i>Senility, Loss of memory,</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>3342</i>			
20a. ACCIDENT SUICIDE HOMICIDE <i>None</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I (a) or PART II of item 18.) <i>no injury.</i>	
20c. TIME OF INJURY <i>None</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>	
20e. CITY, TOWN, OR LOCATION <i>none</i>		20f. COUNTY STATE	
21. I attended the deceased from <i>1951</i> to <i>Mar 20 '58</i> and last saw <sup>him</sup> alive on <i>Mar 19, 1958</i> Death occurred at <i>12:20</i> <i>PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. Harvey Jennett, M.D.</i>		22b. ADDRESS <i>1500 Professional Bldg Kansas City, Mo</i>	22c. DATE SIGNED <i>3-21-58</i>
23a. BURIAL, CREMATION, REMOVAL, (Specify) <i>Burial</i>	23b. DATE <i>3/22/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
24. FUNERAL DIRECTOR <i>Gates Funeral Home Kan City Kan</i>		25. DATE RECD. BY LOCAL REG. <i>3-21-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

MEDICAL CERTIFICATION  
I, Harvey Jennett, being the only black ink or ribbon typewriter if possible  
All diseases in Part I must be causally related.

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 *Murray Wilson* .....

Licensed Embalmer No. *4989* .....

P. O. Address *Shawnee, 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.