

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 31521-58

58-018137
STATE FILE NUMBER

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2419

300
1-57

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| 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 type="checkbox"/> No <input type="checkbox"/> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2 | | Length of stay in lb Life | d. STREET ADDRESS (If outside, give location) 3409 Indiana |
| 3. NAME OF DECEASED (Type or print) First Infant Middle Duncan Last Duncan | | 4. DATE OF DEATH Month April Day 28 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 28, 1958 |
| 9. AGE (In years last birthday) 4 | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months 4 Days 4 Hours 0 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTH PLACE (City, town, or county) Kansas City, Mo. #2 |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME | |
| 13b. MOTHER'S MAIDEN NAME Betty Duncan | | 14. NAME OF HUSBAND OR WIFE none | |
| 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 Betty Duncan Address 3409 Indiana |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity | | | INTERVAL BETWEEN ONSET AND DEATH 176 h |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 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 _____ 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 4-28-58 to 5-2-58 and last saw her alive on 5-2-58 Death occurred at 7:15 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Deceased's title) | | 22b. ADDRESS 600 E. 22nd St. | 22c. DATE SIGNED 5-7-58 |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) | 23b. DATE 5-15-58 | 23c. NAME OF CEMETERY OR CREMATORY Rock | 23d. LOCATION (City, town, or county) (State) Kansas City MO |
| 24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS | | 25. DATE RECD. BY LOCAL REG. 5-13-58 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

E. Frank Ellis

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

Licensed Embalmer No.

P. O. Address

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.