

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017684

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2358

2358

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		d. STREET ADDRESS (If outside, give location) 3119 TRACY	
3. NAME OF DECEASED (Type or print) First CHARLES Middle W Last DUCKWORTH		4. DATE OF DEATH Month May Day 11 , Year 1959	
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 April 7, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Detective Agency	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Annandale, New Jersey		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John A. Duckworth		13b. MOTHER'S MAIDEN NAME Anna Worman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 137-20-0318	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis, recent, right coronary artery		17. INFORMANT Address VA Hospital Official Records, K. C. Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Arteriosclerosis, coronary arteries		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma, urinary bladder		4201H	
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> 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 April 20, 1959 to May 11, 1959 Death occurred at 1:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Turner (Degree or title) 0		22b. ADDRESS VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 5-12-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 14, 1959	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. GENERAL DIRECTOR ADDRESS D. W. McCombe's Son, Inc. N.C.		25. DATE RECD. BY LOCAL REG. 5-12-59	26. REGISTRAR'S SIGNATURE Neve Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chester K Brown*

Licensed Embalmer No. *4931*
P. O. Address *K C 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.

