

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021316

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2570

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 type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hospital</u>			Length of stay in lb <u>35 yrs</u>		d. STREET ADDRESS <u>1607 E. 8th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ida Mae</u> Middle Last <u>Duffield</u>				4. DATE OF DEATH Month <u>5</u> Day <u>21</u> Year <u>59</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 type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>May 2, 1882</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. deceased</u>		
13a. FATHER'S NAME <u>John C. Long</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Lee W. Willis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-07-5114</u>		17. INFORMANT <u>Emory L. Duffield</u>		Address <u>902 N. Chestnut</u> <u>Jala Kans</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>arteriosclerotic heart disease</u>							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) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>acute ulcerative jejunitis</u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) <u>4268</u>					
20c. TIME OF INJURY Hour _____ 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 <u>5-21-59</u> , to <u>5-21-59</u> and last saw her alive on <u>5-21-59</u> Death occurred at <u>11:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Abraham Gelperin</u> (Degree or title)				22b. ADDRESS <u>General Hospital</u>		22c. DATE SIGNED <u>5/22-59</u>		
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>May 24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harvey</u>		23d. LOCATION (City, town, or county) <u>Parcoxi</u>		(State) <u>Mo</u>		
24. FUNERAL DIRECTOR <u>Leland H. Francis</u>		ADDRESS <u>Parkville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-23-59</u>		26. REGISTRAR'S SIGNATURE <u>Ilewa Minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
Abraham Gelperin USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
M. D. 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 Haddon C. Francis, Student Embalmer No. 570

working under my personal supervision.

Student Haddon C. Francis
Signature of Student Embalmer

Signed H. C. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.