

FILED VS JUL 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025089

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3340

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

J. S. Wells
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 checked="" type="checkbox"/>	c. CITY OR TOWN <u>Clinton, MO.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in lb <u>Overlovers</u>	d. STREET ADDRESS (If outside, give location) <u>3425 Mich Ave</u>
3. NAME OF DECEASED (Type or print) First <u>Ellen</u> Middle <u>Rebecca</u> Last <u>Duncan</u>		4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 3d - 1880</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Maid</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years at birthday) IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Clinton, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Edward Rhodes</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Eckles</u>		14. NAME OF HUSBAND OR WIFE <u>William Duncan (Dec)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-30-9525</u>	
17. INFORMANT <u>Harriett W. Robinson</u>		Address <u>3425 Mich 149</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>Hypertensive Ht Disease</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Urticaria - deficiency</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>Senile Dementia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>4 mo</u>
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>---</u>	
20c. TIME OF INJURY Hour <u>---</u> Month <u>---</u> Day <u>---</u> Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	
20e. CITY, TOWN, OR LOCATION <u>---</u>		20f. COUNTY STATE <u>---</u>	
21. I attended the deceased from <u>4-1-59</u> to <u>59-7-6-59</u> and last saw her alive on <u>7-6-59</u> Death occurred at <u>at home</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. S. Wells</u> (Degree or title)	
22b. ADDRESS <u>2122 E-15th St KC</u>		22c. DATE SIGNED <u>7-9-59</u>	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Removal</u>	23b. DATE <u>July 9-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clinton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>
24. FUNERAL DIRECTOR <u>Manhattan & Stalham</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

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

Raymond W. Blair

Licensed Embalmer No. 4653

P. O. Address 90

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.