URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032306

FILED VS SEP 23 1959

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 4351 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 9 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lakeside Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 11214 Eastern — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Rebecca Middle: Sue Last: DUNCANSON

4. DATE OF DEATH: Month: Sept. Day: 6 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-5-1959

9. AGE (last birthday): —

IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HR: Hours: 9 Min.: —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ———

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Roger E. Duncanson

13b. MOTHER'S MAIDEN NAME: Elizabeth Barker

14. NAME OF HUSBAND OR WIFE: ———

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.: ———

17. INFORMANT: Roger E. Duncanson Address: 11214 Eastern K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Premature birth
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 WORK ☐ NOT WHILE AT WORK ☐

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 Sept. 5-1959, to Sept. 6-1959 and last saw her alive on Sept. 6, 1959
Death occurred at 5:16 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Bernard S. Gould

22b. ADDRESS: 10911 U.S. Hiway #71 HICKMAN MILLS, M

22c. DATE SIGNED: 9/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 9, 1959

23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: C. H. Blackman & Son Inc. ADDRESS: K.C.Mo.

25. DATE RECD. BY LOCAL REG.: 9-8-59

26. REGISTRAR'S SIGNATURE: Irene Mitchell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Bernard S. Gould

MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. C. Rinne

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address N.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.