

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036146**

**FILED VS NOV 2 1959**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4974 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>30 YRS.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1655 Jarboe</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1655 Jarboe</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>John</b> Middle <b>Henry</b> Last <b>Duffy</b>			<b>4. DATE OF DEATH</b> Month <b>10</b> Day <b>16</b> Year <b>1959</b>					
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>3-1-1893</b>		
<b>9. AGE</b> (last birthday) <b>66</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Lebanon, Missouri</b>		
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>John Duffy</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ellen Ryan</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Asilee Duffy</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I.</b>			<b>16. SOCIAL SECURITY NO.</b> <b>104-16-6122</b>		<b>17. INFORMANT</b> Address <b>Mrs. Asilee Duffy 1655 Jarboe K.C.Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Baron's Septicemia</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u><i>Undetermined</i></u> DUE TO (c) <u><i>✓</i></u>							INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY _____ STATE _____		
<b>21. I attended the deceased from</b> <u><i>Oct. 13/59</i></u> <b>to</b> <u><i>Oct. 16/59</i></u> <b>and last saw him alive on</b> <u><i>Oct. 15/59</i></u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <u><i>W.D. Stipe M.D.</i></u>				<b>22b. ADDRESS</b> <u><i>15 W. 10<sup>th</sup> St. K.C. Mo. 10/16/59</i></u>		<b>22c. DATE SIGNED</b>		
<b>23a. BURIAL, CREMATION, REMOVAL (specify)</b> <b>Removal</b>		<b>23b. DATE</b> <u><i>10-16-59</i></u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> _____		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Lebanon, Missouri</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Mellody-McGilley-Eylar 1800 E. Linwood</b> <b>Kansas City, 11, Missouri</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <u><i>10-16-59</i></u>		<b>26. REGISTRAR'S SIGNATURE</b> <u><i>Neva Minshall</i></u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W.D. Stipe

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. D. S.  
13 W. 10<sup>th</sup> St.  
Vi 3-775  
after 10

**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 James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address KC 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.