

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001515

FILED FEB 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 503 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>18 yrs.</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp #1</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>514 1/2 Sprin</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>M</i> Last <i>Duffy</i>				4. DATE OF DEATH Month <i>1</i> Day <i>23</i> Year <i>60</i>						
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>8-1-81</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pensioner</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>State</i>		11. BIRTHPLACE (City and state or country) <i>Ireland U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <i>William Duffy</i>			13b. MOTHER'S MAIDEN NAME <i>Anna</i>			14. NAME OF HUSBAND OR WIFE <i>Ed</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>"unk"</i>		17. INFORMANT <i>Recep. Clerk, K.C. Gen. Hosp.</i>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Sirrhosis of the Liver</i> DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH		
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				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)						
20c. TIME OF INJURY Hour Month, Day, Year 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 <i>12-30-59</i> to <i>1-23-60</i> and last saw him alive on <i>1-23-1960</i> Death occurred at <i>11:10 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>H. J. Dwyer</i> (Degree or title)				22b. ADDRESS <i>2400 Perry City</i>				22c. DATE SIGNED <i>1/25/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)					
<i>Anatomical</i>		<i>1-28-1960</i>	<i>K.C. Dental College</i>		<i>Kansas City Mo.</i>					
24. FUNERAL DIRECTOR <i>Weilerts: 2332 North Pl. K.C. Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>1-28-60</i>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Signature of Student Embalmer

Signed B. E. Weirly

Licensed Embalmer No. 4075

P. O. Address K.C.S.W.

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.