

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

=60-023137

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3140

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kans.</u> b. COUNTY <u>Wagon Wheel</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	Length of stay in 1b <u>21 Das.</u>	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>Westport Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>4017 Adams</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>J.</u> Last <u>Duddy</u>			4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 21, 1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (City and state or country) <u>County Mayo, Ireland</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Michael Duddy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Duddy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-01-8471</u>		17. INFORMANT Address <u>Mrs. Teresa Young, 4017 Adams</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
IMMEDIATE CAUSE (a) <u>Carcinomatosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Primary undetermined</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.)
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month, Day, Year	
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 Mar 21, 1960 to Jan 10, 1960 and last saw her/him alive on Jan 6, 1960  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Hugh W McCoughy MD</u> (Degree or title)	22b. ADDRESS <u>5615 Johnson Dr</u>	22c. DATE SIGNED <u>Jan 11 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 14, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>
24. FUNERAL DIRECTOR <u>GATES FUNERAL HOME, K.C. Kans.</u>	25. DATE RECD. BY LOCAL REG. <u>6-13-60</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>

DOCUMENT

High W. McCoughy, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Hagia M. Conroy  
Mission 5615, Belmont, Mass.  
No. 2-4223

**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 Murray Wilson  
Licensed Embalmer No. 4989  
P. O. Address Parkville

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