

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-046027

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6133

DED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 30 yrs.		c. CITY OR TOWN Kansas City		. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1100 W. 100th Terr.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle J. Last Duffy Sr.				4. DATE OF DEATH Month Dec. Day 5 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-29-1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Acme Harding Glass Co.		11. BIRTHPLACE (City and state or country) York, Neb.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Miles Duffy			13b. MOTHER'S MAIDEN NAME Bridgett Meehan		14. NAME OF HUSBAND OR WIFE Winnie K. Duffy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 711-03-0030		17. INFORMANT Address K.C. Mo. Winnie K. Duffy, 1100 W. 100th Terr.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Agranulocytosis						INTERVAL BETWEEN ONSET AND DEATH 11-9-60		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 _____ a.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.) Nov 11 - 1960		20f. CITY, TOWN, OR LOCATION Nov 11 - 1960					COUNTY _____ STATE _____	
21. I attended the deceased from Nov 11 1960 to Dec 5 - 60 and last saw her/him alive on Dec 4 - 1960 Death occurred at 3 PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) C. Trippe MD				22b. ADDRESS 6247 Brookside, K. C., Mo.		22c. DATE SIGNED 12-5-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-7-60	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Smiths Grove, Ken.				
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 12.6.60		26. REGISTRAR'S SIGNATURE H.L. Dwyer			

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 464

P. O. Address Kansas

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