

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1961

747-61-005312
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 747

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
BY AFFIDAVIT OF
Paul L. Lauritzen, M.D.
Medical Certification

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 3 yrs		c. CITY OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Heartstone Nursing			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 6724 Crisp		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First SYLVESTER Middle ALLEN Last DUFF				4. DATE OF DEATH February 12 1961 Month Day Year									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/2/1881		9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Painter		11. BIRTHPLACE (City and state or country) Princeton Va.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Martin V Duff				13b. MOTHER'S MAIDEN NAME Helen Richev				14. NAME OF HUSBAND OR WIFE Edna Ross Duff					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No						17. INFORMANT Address Frances Johnson 6724 Crisp Raytown							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 2 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis										10 years			
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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE			
21. I attended the deceased from 6-1-59 to 2-12-61 and last saw her/him alive on 2-12-61 Death occurred at 4 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Frank Paul Laureyana m.p. (Degree or title)						22b. ADDRESS 428 So White Ave			22c. DATE SIGNED 2-12-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/14/61		23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery			23d. LOCATION (City, town, or county) (State) Versailles Missouri						
24. FUNERAL DIRECTOR Shell Funeral Home Kansas City Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 2-13-61				26. REGISTRAR'S SIGNATURE Ruth Long					

Johnson

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 Douglas E. Hobson, Student Embalmer No. 626

working under my personal supervision.

Student Douglas E. Hobson
Signature of Student Embalmer

Signed Richard E. Canoll

Licensed Embalmer No. 4829

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.

Johnson

Johnson

Johnson

Johnson

Johnson