

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-021566
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 326

AMENDED **FILED JUN 27 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 50 yrs.	c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 718 N. GRAND	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle EWING Last DUFF			4. DATE OF DEATH Month JUNE Day 20 Year 1961		
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 11-29-1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (City and state or country) BUCKNER, MISSOURI		12. CITIZEN OF WHAT COUNTRY US. A.
13a. FATHER'S NAME JOHN EWING DUFF		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE RETHA TRUE 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 JACK EWING DUFF, 127 E. Ruby, Indep. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest - fibrillation					INTERVAL BETWEEN ONSET AND DEATH Same
DUE TO (b) Cardiovascular disease - (embolic					9 days
DUE TO (c) occlusion of iliac artery)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Disruption of abdominal wounds (9 days post embolization)					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 a.m. p.m. 7	Month, Day, Year 6-20-61				
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 INDEPENDENCE, MO.		STATE	
21. I attended the deceased from 6/12/1961 to 6-20-61 and last saw him alive on 6-20-61 . Death occurred at about 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. J. Gordon (Degree or title)			22b. ADDRESS 10001 Winona - Independence, Mo.		22c. DATE SIGNED 6-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-23-61	23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY		23d. LOCATION (City, town, or county) INDEPENDENCE, MO.	
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO. ADDRESS			25. DATE RECD. BY LOCAL REG. 6-23-61	26. REGISTRAR'S SIGNATURE Alla L. Craig	

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUN 28 1961

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.