

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025238

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Primary Registration District No. 1002

Registrar's No. 3171

STATE FILE NUMBER

AMENDED

FILED JUL 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF RALPH EMERSON DUNCAN, M.D.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Raytown</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ralph's Clinic 5th. &amp; Highland</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5821 Appleton</b>	
3. NAME OF DECEASED (Type or print) First <b>Harold</b> Middle <b>Parker</b> Last <b>Howard</b>			4. DATE OF DEATH Month <b>June</b> Day <b>25</b> Year <b>1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-9-1900</b>	9. AGE (last birthday) <b>61</b>	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) <b>Office Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Accountant</b>		11. BIRTHPLACE (City and state or country) <b>East Lynn, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			13a. FATHER'S NAME <b>Frank Howard</b>		
13b. MOTHER'S MAIDEN NAME <b>Lizzy Parker</b>			14. NAME OF HUSBAND OR WIFE <b>Bernice Howard</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			17. INFORMANT Address <b>Bernice Howard 5821 Appleton</b>		
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
IMMEDIATE CAUSE (a) <b>hepatic coma</b>					<b>6-20-61</b>
DUE TO (b) <b>cirrhosis of liver</b>					<b>over 1 yr;</b>
DUE TO (c) <b>metabolic deficiencies</b>					<b>indef.</b>
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 <b>5:45A.</b> s.m. p.m.		Month, Day, Year <b>6-21-61</b>		20f. CITY, TOWN, OR LOCATION <b>Raytown</b> COUNTY <b>Highland</b> STATE <b>Mo.</b>	
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 <b>Raytown</b> COUNTY <b>Highland</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>6-21-61</b> to <b>6-25-61</b> and last saw her alive on <b>6-24-61</b> Death occurred at <b>5:45A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Ralph Emerson Duncan, M.D.</b> (Degree or title)			22b. ADDRESS <b>529 Highland</b>		22c. DATE SIGNED <b>6-26-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>6-27-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
24. FUNERAL DIRECTOR <b>Hinton Funeral Home</b> ADDRESS <b>Raytown, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-26-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

APR 17 1962

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.