

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010908

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1827

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 16 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 Mo.	c. CITY OR TOWN Lone Jack
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11206 East 95 Th. St.		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) Town
3. NAME OF DECEASED (Type or print) James William Duncan		First Middle Last	4. DATE OF DEATH March 29 1962

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 5/10/1972	9. AGE (last birthday) 8789	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Jackson County Mo.		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Pryor W. Duncan		13b. MOTHER'S MAIDEN NAME Louise C. Alley		14. NAME OF HUSBAND OR WIFE Dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Leonard Carey Lee's Summit 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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
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 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. 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 Dec 21, 1961, to March 29, 1962 and last saw him alive on March 29, 1962
 Death occurred at 7:28 P M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William F. Bell M D		22b. ADDRESS Lee's Summit Mo.		22c. DATE SIGNED 3-30-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/30/1962	23c. NAME OF CEMETERY OR CREMATORY Alley Cemetery		23d. LOCATION (City, town, or county) (State) Jackson County Mo.
24. FUNERAL DIRECTOR Langsford Funeral Home		25. DATE RECD. BY LOCAL REG. 4-2-62		26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	DOCUMENT
1			27 1962	
3				
4			0	
5			2	
6				
7			0	
8			2	
9			4200	
10				
11				
12			90-0	
13				

BY AFFIDAVIT OF **William F. Bell**

X
 No. _____
 Retired member
 of the _____
 U.S.A.
 Dec. _____
 Mrs. Leonard Grey, 1234 Elm St.
 U.S.A.

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 W. B. Langford Jr.

 Licensed Embalmer No. 3233

P. O. Address 1234 Elm St.
U.S.A.

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.

U.S.A.