

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023284

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 748

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 24 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF *C. Smith, M.D.* MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		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 St. Joseph		Length of stay, in 1b 2 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 State Hospital #2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 523 S. Forest Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BERTHA Middle E Last DUNCAN			4. DATE OF DEATH Month June Day 14 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/18/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 78 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11a. FATHER'S NAME James W. Duncan		11b. MOTHER'S MAIDEN NAME Mary K. Day	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) No		12b. SOCIAL SECURITY NO.	
13a. FATHER'S NAME James W. Duncan		13b. MOTHER'S MAIDEN NAME Mary K. Day	
14a. NAME OF HUSBAND OR WIFE None		17. INFORMANT Address: Records State Hospital #2, St. Joseph, 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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			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 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 Month, Day, Year a.m. p.m.			
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 St. Joseph, Mo.	COUNTY STATE
21. I attended the deceased from 6/2/63 to 6/14/63 and last saw her alive on 6/13/63 Death occurred at 5:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. Smith, M.D.</i> (Degree or title) M.D.		22b. ADDRESS State Hospital #2, St. Joseph, Mo.	22c. DATE SIGNED 6/14/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/14/63	23c. NAME OF CEMETERY OR CREMATORY Kansas City	23d. LOCATION (City, town, or county) (State) Missouri
24. FUNERAL DIRECTOR <i>Stamey Funeral Home</i> ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 21, 1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Woodell</i>

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1964

Permit issued 6-14-63

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.