

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22459

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 52

1240
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Liberty		c. CITY (If outside corporate limits, write RURAL and give township) Rural--Liberty 0240	
c. LENGTH OF STAY (in this place) 1 Mo.		d. STREET ADDRESS (If rural, give location) R.F.D. #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION State I.O.O.F. Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Kate	b. (Middle) L.	c. (Last) Duncan	(Month) August	(Day) 3	(Year) 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 29, 1859	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 4	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Duncan	13b. MOTHER'S MAIDEN NAME Anna Logan	14. NAME OF HUSBAND OR WIFE None
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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'S SIGNATURE OR NAME Fields Duncan	ADDRESS Liberty, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition			1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile cerebral changes.			5 yrs.
	DUE TO (c) Generalized athero-sclerosis			10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rth breast			15 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION A500H	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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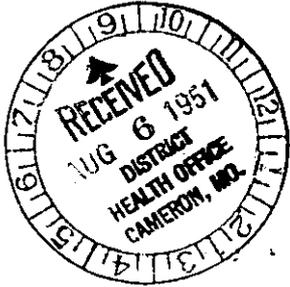
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 1949**, to **Aug. 3, 1951**, that I last saw the deceased alive on **Aug. 1, 1951**, and that death occurred at **6:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. O. Schroeder, M.D.	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 8/3/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 5-51	24c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery	24d. LOCATION (City, town, or county) (State) Blue Springs, Missouri
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DATE REC'D BY LOCAL REG. Aug-3-1951	REGISTRAR'S SIGNATURE Minnie Haynes	25. FUNERAL DIRECTOR'S SIGNATURE Church-Archer Co.	ADDRESS Liberty, Mo
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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 this body is not embalmed, fact should be so stated above.