

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40903**
5534

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 7 years		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL								STREET ADDRESS (If rural, give location) 4242 FOREST	
3. NAME OF DECEASED (Type or Print) a. (First) RALPH			b. (Middle) E.		c. (Last) DUFFETT		4. DATE OF DEATH (Month) (Day) (Year) November 30, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 9, 1911		9. AGE (in years last birthday) 43 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk			10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail		11. BIRTHPLACE (City and State or Foreign Country) Henrietta, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Landrum Duffett			13b. MOTHER'S MAIDEN NAME Ruth Price			14. NAME OF HUSBAND OR WIFE Eunice			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 493-12-1152		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K.C. Mo				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH 493-12-1152 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant melanoma w/metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 190x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov. 28 , 19 54 , to Nov. 29 , 19 54 , and that death occurred at 7:38P m., from the causes and on the date stated above.									
23a. SIGNATURE Arthur P. Klotz, M.D.				23b. ADDRESS VA Hospital, Kansas City, Missouri		23c. DATE SIGNED 12/1/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-3-54		24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		24d. LOCATION (City, town, or county) (State) Drexel, Missouri			
DATE REC'D BY LOCAL REG. 12-2-54		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary		ADDRESS K. C. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 27

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..... John B Lewis

Licensed Embalmer No. 48

P. O. Address KCM

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.