

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4755**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **458**

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, write RURAL and give township): OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2.5 yrs. 85 days</b>		e. STREET ADDRESS (If rural, give location) <b>1009 Park</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b> b. (Middle) <b>(None)</b> c. (Last) <b>DUKES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 29, 1955</b>		
5. SEX <b>2</b> <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH: <b>9-2-87</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ambrose Dukes</b>		13b. MOTHER'S MAIDEN NAME <b>Florence Dukes</b>		14. NAME OF HUSBAND OR WIFE <b>Eula Dukes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>429103407</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Official VA Hospital Records</b>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic insufficiency</b>		DUE TO (b) <b>Portal cirrhosis</b>			<b>3 mos</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<b>1 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>5810</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>VA</b>		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 **11-5**, 19 **54** to **1-29**, 19 **55** that I last saw the deceased alive on **1/29/55**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gene F. Armstrong, M.D.</b>		23b. ADDRESS <b>VAH, 4801 Linwood, K.C., Mo.</b>		23c. DATE SIGNED <b>1-29-55</b>	
24a. BURIAL CREMATION (Specify) <b>BURIAL</b>		24b. DATE <b>2/2/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kansas</b>	

DATE REC'D BY LOCAL REG. <b>2-1-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.C. David Funeral Home</b>	
				ADDRESS <b>1415 S. Main</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Gene F. Armstrong

APR 26 1957

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 *Leland H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *K. C. 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.