

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11879

1416

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1416</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY OR TOWN <u>SUGAR CREEK</u>		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>113 S. CARLISLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>D.</u>		c. (Last) <u>DUFF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 29, 1924</u>	
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Topeka, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James H. Duff</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Shoemaker</u>			14. NAME OF HUSBAND OR WIFE <u>Juanita</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WWII</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL OFFICIAL RECORDS, K.S. MO</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>(a) Right ventricular insufficiency</u>				ANTECEDENT CAUSES <u>pulmonary artery and arteriolar atherosclerosis</u>			<u>5 min.</u>
*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 (b) <u>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			<u>2 years</u>
				DUE TO (c) <u>Pulmonary embolus</u>			<u>1 week</u>
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) (Minute) <u>VA</u> m.		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 <u>March 25, 1955</u> , to <u>March 29, 1955</u> , <del>and that death occurred at 7:25 Am., from the causes and on the date stated above.</del>							
23a. SIGNATURE (Degree or title) <u>ORTHEA WEYBRIGHT, M.D.</u>				23b. ADDRESS <u>VA Hospital, Kansas City, Mo</u>		23c. DATE SIGNED <u>3/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 31, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG <u>3-30-55</u>		REGISTRAR'S SIGNATURE <u>New Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>1331 K.C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Albert L. Sava*.....

Licensed Embalmer No. *110*

P.O. Address *Kans.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitute's 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.