

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18618**
Registrar's No. **2178**

FILED JUN 16 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. No. **002** 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)
Town Kansas City

c. CITY OR TOWN
Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place)
3 years

1. STREET ADDRESS (If rural, give location)
8020 Ward Pkwy. 3438

d. FULL NAME OF (If not in hospital or institution, give street address or location)
Veterans Administration Hospital

3. NAME OF DECEASED (Type or Print)
a. (First) **Stephen** b. (Middle) **Michael** c. (Last) **Duester**
4. DATE OF DEATH (Month) (Day) (Year)
May 16, 1955

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
July 7, 1896

9. AGE (In years last birthday) **58**
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)
Switchman

10b. KIND OF BUSINESS OR INDUSTRY
Wabash Rail Road

11. BIRTHPLACE (City and State or Foreign Country)
Crystal City, Missouri

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Jacob Duester

13b. MOTHER'S MAIDEN NAME
Catherine Bokhart

14. NAME OF HUSBAND OR WIFE
Margaret Duester

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW I

16. SOCIAL SECURITY NO.
493-07-3817

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Official Records VA Hospital, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary embolism right lung**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Thrombosis of inferior vena cava obstruction from perisocral lymph nodes**
DUE TO (c) **enlarged by Hodgkins disease.**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hodgkins disease multiple large abscess right lung

INTERVAL BETWEEN ONSET AND DEATH
6 hrs

20 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
VA m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 15, 1955**, to **May 16, 1955**, and that death occurred at **3:20p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
F. Q. WINGFIELD, Jr., M.D.

23b. ADDRESS
VAH, Kansas City, Mo.

23c. DATE SIGNED
5-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
5-19-55

24c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
5-19-55 New Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
France-Wornall Funeral Home

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 *Russell N. Fran*

Licensed Embalmer No. *42*

P. O. Address *K.C.*

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.