

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29891

FILED OCT 5 - 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 352

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 OR TOWN <u>Independence</u>	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Independence</u>	d. Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitorium</u>		e. STREET ADDRESS (If rural, give location) <u>220 South Rogers</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leo</u>	b. (Middle) <u>Gordon</u>	c. (Last) <u>Duly</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 27 1937</u>	9. AGE (in years last birthday) <u>18</u>	F UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Polisher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plating Works</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jameson - Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Virgil Duly</u>	13b. MOTHER'S MAIDEN NAME <u>Clara M. Smith</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-36-0010</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Duly - Indep. Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured skull fractured</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>left arm compound fracture</u>		
	DUE TO (c) <u>hemorrhagic infarct</u>		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Military Inspection</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., left about home, farm, factory, street, office, etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-16-55</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Car Crushed</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter M. Chenevorn</u>	23b. ADDRESS <u>1034 Royal Blvd.</u>	23c. DATE SIGNED <u>9-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 20 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wood Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-20-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	354	FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>	ADDRESS <u>Indep. Mo</u>
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(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 *J. Kenneth Patterson*

Licensed Embalmer No. *4695*

P. O. Address *Indep. 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.