Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30672

FILED OCT 3 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4088

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION 2807 Jarboe — Length of stay in 1b 6 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 2807 Jarboe — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First William Middle Smith Last Duncan

4. DATE OF DEATH Month 9 Day 15 Year 56

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8-27-1874
9. AGE (In years last birthday) 82
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) Janitor
10b. KIND OF BUSINESS OR INDUSTRY K.C.T.R.R. Co.
11. BIRTHPLACE (City and state or country) Leavenworth, Kan.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James R. Duncan
14. MOTHER'S MAIDEN NAME Sarah Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 703-03-8564
17. INFORMANT Edna Cochran: Address Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. C. Kealhofer (Degree or title) Deputy Coroner 3
22b. ADDRESS 602 Rialto K.C. Mo.
22c. DATE SIGNED 9-17-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-18-56
23c. NAME OF CEMETERY OR CREMATORY Barry Cemetery
23d. LOCATION (City, town, or county) (State) Barry Mo.

24. FUNERAL DIRECTOR Weiler's: ADDRESS 6900 Troost: K.C. Mo.
25. DATE RECD. BY LOCAL REG. 9-18-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. E. Weilert

Licensed Embalmer No. 40

P. O. Address K.C.S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.