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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57021036  
STATE FILE NUMBER  
2568

FILED JUN 19 1957

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN <del>KANSAS CITY</del>		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If outside, give location) 7621 E. GREGORY BLVD.	
3. NAME OF DECEASED (Type or print) First Middle Last SUSIE ETTA DUETT		4. DATE OF DEATH Month Day Year MAY -30, 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV 25 1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER		9b. KIND OF BUSINESS OR INDUSTRY At Home	9c. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) Crawford Co. Iowa
10d. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME Robert Wilson		13b. MOTHER'S MAIDEN NAME Susie Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mrs Melvin R. Cole		14. NAME OF HUSBAND OR WIFE William Duett	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia - bronchial -</u> DUE TO (b) <u>aspiration -</u> DUE TO (c) <u>Arteriosclerosis - advanced -</u>		19. INTERVAL BETWEEN ONSET AND DEATH HOURS HOURS - YEARS	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> ROAD <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year NOON		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>	
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 <u>Jan - 1947</u> to <u>death -</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>5-30-57</u> Death occurred at <u>5:15 P.M.</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>M.D. [Signature]</u>	
22b. ADDRESS <u>104 P.V.M. Bldg - Kan.</u>		22c. DATE SIGNED <u>5-31-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <u>6-1-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY - MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-1-57</u>	
26. REGISTRAR'S SIGNATURE <u>newa Minshall</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. M. OSGOOD

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Am 2:26:00

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 Paul B. Williams

Licensed Embalmer No. 5009

P. O. Address Overland Park

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.