

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013266

STATE FILE NUMBER

1846

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|  |                                 |   |  |   |   |
|--|---------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                 |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |                                 | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1025 Highland</b>  |                                 | Length of stay in lb<br><b>52 yrs</b>   | d. STREET ADDRESS (If outside, give location)<br><b>1025 Highland</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Anna</b> Middle <b>Duett</b> Last <b>Duwall</b>   |                                 |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>10</b> Year <b>1959</b>  |   |   |
| 5. SEX <b>3</b><br><b>Female</b>   | 6. COLOR OR RACE<br><b>Col.</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-16-1889</b>   | 9. AGE (In years last birthday)<br><b>69</b>      |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Paoli Kans.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |
| 13a. FATHER'S NAME<br><b>Kalah Watkins</b>   |                                 | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>unknown</b>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                 | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>Elizabeth Gilmore</b> Address <b>1025 Highland</b>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Insufficiency</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>chronic Myocarditis</b><br>DUE TO (c) <b>Arteriosclerosis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4221</b> |                                 |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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<br>Hour _____ Month, Day, Year _____ a.m. _____ p.m.   |                                 |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____, to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                 |   |  |   |   |
| 22a. SIGNATURE<br><b>Deputy Coroner</b>  |                                 |   | 22b. ADDRESS<br><b>1618 Lydia Ave</b>  |   | 22c. DATE SIGNED<br><b>4/11/59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                 | 23b. DATE<br><b>Apr. 20, 1959</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Highland</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>         |
| 24. FUNERAL DIRECTOR<br><b>Mrs. Neek's Funeral Home</b> ADDRESS <b>K.C. Mo</b>   |                                 |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-13-59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b> |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

L. M. Tillman



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 Conrado A. Lopez Bala

Licensed Embalmer No. 4944

P. O. Address K C, Inc.

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.