

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018936

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2659

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 8 1962

VS 300  
Rev. 4/59

1

2 3189

3

4 1

5 0

6

7 0

8 0

9 4200

10

11

12 11-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

J. P. McCalla M.D. CERTIFICATION

|  |   |  |   |
|--|---|--|---|
| 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>Mo.</b> b. COUNTY <b>Jackson</b>                                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, Mo.</b> Length of stay in 1b <b>79yrs</b>  |   | c. CITY OR TOWN <b>Kansas City, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jackson Co. Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location) <b>306 W. 39th. Ter.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>            |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>Sarah Ellen Duer</b>   |   |  | 4. DATE OF DEATH Month Day Year<br><b>May 15 1962</b>                         |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>7-24-82</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Bookkeeper</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mo. Seed Co.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b>         |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13. FATHER'S NAME <b>John Duer</b> 13b. MOTHER'S MAIDEN NAME <b>Mary Tobin</b> 14. NAME OF HUSBAND OR WIFE   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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 Address<br><b>Jackson County Hospital, K.C. Mo.</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>Arteriosclerotic Heart Disease</b>  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b>                            |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>  | 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 Hour Month, Day, Year<br><b>5:30 PM</b>  |   |  |   |
| 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 <b>4/26/62</b> to <b>5/15/62</b> and last saw her/him alive on <b>5/15/62</b> . Death occurred at <b>5:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>J. P. McCalla, M.D.</b>   |   | 22b. ADDRESS<br><b>Jackson Co. Hospital</b>  | 22c. DATE SIGNED<br><b>5-15-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>5-17-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olivet Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Melloydy-McGilley-Eylar 20 W; Linwood K.C. 11, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-16-62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth V Long</b>                               |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Wm H. Gentry

Licensed Embalmer No. 5038

P. O. Address K. C. 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.