# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027050
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3468

FILED JUL 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | | | |
| 2 | 3909 | | |
| 3 | | | |
| 4 | 0 | | |
| 5 | 2 | | |
| 6 | | | |
| 7 | 1 | | |
| 8 | 0 | | |
| 9 | 4201 | | |
| 10 | | | |
| 11 | | | |
| 12 | 72-0 | | |
| 13 | | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 25 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

**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): 7119 Olive — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: JAMES Middle: LE ROY Last: DUFFY

**4. DATE OF DEATH**: Month: June Day: 30, Year: 1962

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

**8. DATE OF BIRTH**: 12-11-1884

**9. AGE** (last birthday): 77

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Union Pacific RR

**10b. KIND OF BUSINESS OR INDUSTRY**: Union Pacific RR

**11. BIRTHPLACE** (City and state or country): Topeka, Kansas

**12. CITIZEN OF WHAT COUNTRY**: U. S. A.

**13a. FATHER'S NAME**: William Duffy

**13b. MOTHER'S MAIDEN NAME**: Anna Jones

**14. NAME OF HUSBAND OR WIFE**: Lucille Martin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service): — — —

**17. INFORMANT**: James L. Duffy, Jr. Address: 7206 E. 85th. Terr.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cardiac Standstill — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic & Hypertensive — Years

(c) Cardiovascular Disease, Coronary Artery Disease

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

**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 3-9-62, to 3-10-62 and last saw him alive on 3-10-62

Death occurred at 8:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Emery R. Calovich MD — **22b. ADDRESS**: 4620 J C Nichols — **22c. DATE SIGNED**: 7/2/62

**23a.** BURIAL, CREMATION, REMOVAL (Specify): Burial **23b.** DATE: 7-3-62 **23c.** NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery **23d.** LOCATION (City, town, or county) (State): Kansas City, Missouri

**24.** FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: Woodland **25.** DATE RECD. BY LOCAL REG.: 7-2-62 **26.** REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

Mr. E. G. Calowich
4620 Nichols Pkwy
Lo 1-7288

Call at 1:00 - May not be his patient.

**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 Hal Thompson

Licensed Embalmer No. 3408

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.