

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-082532**

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 387

**FILED AUG 26 1963**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>		a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RAYTOWN</u>		c. CITY OR TOWN <u>RAYTOWN</u>	
Length of stay in 1b <u>4 Mos.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>5730 Woodson Rd.</u>		d. STREET ADDRESS (If outside, give location) <u>5730 Woodson Rd.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Tommy Duane Duncan</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Aug 18 1963</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Apr. 9 1963</u>
<b>9. AGE</b> (last birthday) <u>7 9 2</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>OHIO</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>KANSAS CITY, MO.</u>
<b>11. BIRTHPLACE</b> (City and state or country) <u>U.S.A.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Tommy L. Duncan</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lila Stewart</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> _____		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or Unknown) (If yes, give war or dates of serv.) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> <u>Tommy L. Duncan</u> Address <u>5730 Woodson Rd.</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <u>Asphyxia</u>			<u>Immediate</u>
DUE TO (b) <u>Pneumonia</u>			<u>6 hrs</u>
DUE TO (c) <u>Pneumococcus</u>			<u>24 hrs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>7-9-63</u> to <u>8-18-63</u> and last saw him alive on <u>7-26-63</u>			
Death occurred at <u>4:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <u>M.C. Cooney D.O.</u>		<b>22b. ADDRESS</b> <u>6735 Truman Rd</u>	<b>22c. DATE SIGNED</b> <u>8-17-63</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>	<b>23b. DATE</b> <u>8-19-1963</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mineral Creek Cem.</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Leeton Mo.</u>
<b>24. FUNERAL DIRECTOR</b> <u>Hinton Funeral Home</u> Address <u>Raytown, Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-19-63</u>	
<b>26. REGISTRAR'S SIGNATURE</b> <u>Alba L. Craig</u>			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

17003  
27003

3  
4 0  
5 0  
6  
7 0  
8 1  
9 491X  
10  
11  
12 90-2  
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Forrest D. Colburn

Licensed Embalmer No. 4714

P. O. Address R.P. Ws.

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.