

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039874

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5777 STATE FILE NUMBER

FILED NOV 7 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF
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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN West Plains	
Length of stay in 1b 20 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Riverview Nursing Home 2700 Tracy		d. STREET ADDRESS (If outside, give location) Route #3	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last FRANK GRADY DUFFY			4. DATE OF DEATH Month Day Year 10 24 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-17-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY Post Office Dept. Siloam Springs, Mo.	11. BIRTHPLACE (City and state or country) Siloam Springs, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME James A. Duffy	
13b. MOTHER'S MAIDEN NAME Cammie O'Neil		14. NAME OF HUSBAND OR WIFE None	
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. [REDACTED]	
17. INFORMANT Mr. Ray G. Duffy: 2710 Georgia, K.C., Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Bowel (sigmoid)			INTERVAL BETWEEN ONSET AND DEATH [REDACTED]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 10/7/63 to death and last saw her/him alive on 10/24/63 Death occurred 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Louis A. Allen M.D.		22b. ADDRESS 5317 W 79th St. Prairie Village, Kan.	
22c. DATE SIGNED 10/25/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-25-63	23c. NAME OF CEMETERY OR CREMATORY Siloam Springs Cemetery	23d. LOCATION (City, town, or county) (State) Siloam Springs, Missouri
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO.		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 10-25-63 Bessie Smith	

