

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043822
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6432

FILED DEC 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 7000

23 528

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 49 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL TRINITY LUTHERAN		d. STREET ADDRESS (If outside, give location) 3419 THE PASSEO	
3. NAME OF DECEASED (Type or print) First JOHN Middle BECKETT Last CARDUFF		4. DATE OF DEATH Month NOV. Day 24 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/8/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY POSTAL	11. BIRTHPLACE (City and state or country) ADAMS, MASSACHUSETTS
13a. FATHER'S NAME ALEXANDER CARDUFF		13b. MOTHER'S MAIDEN NAME CATHERINE BECKETT	14. NAME OF HUSBAND OR WIFE ALTA MAE CARDUFF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO.	17. INFORMANT 3419 THE PASSEO, MRS. ALTA MAE CARDUFF, K.C. MO.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure - Pulmonary edema - DUE TO (b) Pneumonia - Perforative diverticulitis DUE TO (c) peri Colonic abscess		INTERVAL BETWEEN ONSET AND DEATH 78 hrs. 10 days	
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 checked="" 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 11:45 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 Nov. 15, 1963 to Nov. 24, 1963 and last saw her alive on Nov 24, 1963		Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Donald R. Davis M.D.		22b. ADDRESS 4320 Wornall Rd Kansas City Mo.	22c. DATE SIGNED 11-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 27, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR 1331 BRUSH AVE. S.W. D.W. NEWCOMERS SONS, K.C. MO.		25. DATE RECD. BY LOCAL REG. 11-27-63	26. REGISTRAR'S SIGNATURE Bessie Smith

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DONALD R. DAVIS MEDICAL CERTIFICATION

Dr. Leonard P. Davis
Route # 320-4320 Marshall Road
3:15-4:00

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 Harold P. Reich

Licensed Embalmer No. 4998

P. O. Address K. E. 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.