

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043887

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6121 STATE FILE NUMBER

VS 300
 Rev. 4/59

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DATE AMENDED
 4-1-64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

4-1-64

Donna Marie Durall

Donna Marie Durall

DOCUMENT VERIFIED BY BIRTH RECORD

BY AFFIDAVIT OF INFORMATION

FILED DEC - 2 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>1 hr 55 min</u>		c. CITY OR TOWN <u>Overland Park</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5223 Hooley</u>	
3. NAME OF DECEASED (Type or print) First <u>Donna</u> Middle <u>MARIE</u> Last <u>DURALL</u>			4. DATE OF DEATH Month <u>11</u> Day <u>9</u> Year <u>1963</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-9-1963</u>	9. AGE (last birthday) <u>1 hr 55 minutes</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas city, Mo</u>	
13a. FATHER'S NAME <u>Bob LeRoy DuLace</u>		13b. MOTHER'S MAIDEN NAME <u>Marie L. Peale</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Bob L. Durall</u> Address <u>5223 Hooley Overland Park, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxemia</u> DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Rupt. Marginal Sinus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 a.m. p.m. Month, Day, Year		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 <u>11-9-63</u> to <u>11-9-63</u> and last saw her/him alive on <u>11-9-63</u> . Death occurred at <u>6:53</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert C. Buckner M.D.</u>		22b. ADDRESS <u>4620 Nichols Pkwy KCMo</u>		22c. DATE SIGNED <u>11-11-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-11-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Marys Com.</u>	
23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		24. FUNERAL DIRECTOR <u>Assantino Bros Kc Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-11-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>					

USE BLACK INK OR TYPEWRITER RIBBON

2001 8 - 030 036.117

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 L. Passantino

Licensed Embalmer No. 4554

P. O. Address KC 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.

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