

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28391

State File No. \_\_\_\_\_

FILED SEP 9 - 1952

Registrar's No. 335

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		REGISTRAR'S NO. 335		
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, write RURAL and give township) Independence		c. LENGTH OF STAY (In this place) 18 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 3253 Michigan		
d. FULL NAME OF HOSPITAL OR INSTITUTION Hosp. San.				d. STREET ADDRESS (If rural, give location) 3253 Michigan				
3. NAME OF DECEASED (Type or Print) a. (First) Vince			b. (Middle) D.		c. (Last) Dunavant		4. DATE OF DEATH (Month) (Day) (Year) Aug 21, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 25, 1929	9. AGE (In years) (Months) (Days) 25 0 26		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Hauling		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Edward L. Dunavant			13b. MOTHER'S MAIDEN NAME Eula Arnold		14. NAME OF HUSBAND OR WIFE Betty Dunavant			
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. 491-24-0742		17. INFORMANT'S SIGNATURE OR NAME Mrs Betty Dunavant				ADDRESS 3253 Mich
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt Frontal epidural hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trauma over Rt Frontal Lobe  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E983X					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Assault		21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) Tavern		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 8-20-52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Struck on head.				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Design or title) Red C. Seelye, M.D. Deputy Coroner				23b. ADDRESS 4050 Broadway, St. Louis		23c. DATE SIGNED 8-25-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 23 Aug 1952		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem		24d. LOCATION (City, town, or county) (State) Rich Hill, Mo		
DATE REC'D BY LOCAL REG. 8-25-52		REGISTRAR'S SIGNATURE James A. Craig		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilson L. Tappley Hosp. San.				

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

NOV 25 1953

APR 24 1963

SEP 9 1963

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 .....  
Student Embalmer

Signed William L. Kasper

Licensed Embalmer No. 4225

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 this body is not embalmed, fact should be so stated above.