

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37518  
5027

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 40 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DDA. G. MARKS HOSPITAL			
e. STREET ADDRESS (If rural, give location) 4434 Michigan Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) William H. b. (Middle) c. (Last) Munden SR.			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 28, 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH OCT-3-1893		9. AGE (In years last birthday) 61		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY MISSOURI PACIFIC RAILROAD		11. BIRTHPLACE (City and State or Foreign Country) OAKDALE, CALIFORNIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME LEVY MUNDEN		13b. MOTHER'S MAIDEN NAME ELLA HAYDEN		14. NAME OF HUSBAND OR WIFE BESSIE B MUNDEN	
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. 702-14-5417		17. INFORMANT'S SIGNATURE OR ADDRESS Mrs. BESSIE B. MUNDEN - KANSAS CITY, MISSOURI	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Artery Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

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 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Richard V. Schaffer		23b. ADDRESS 27 Manis Hosp. K.C. Mo		23c. DATE SIGNED 10-28-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-30-1954		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		24e. REGISTAR'S SIGNATURE Neva Marshall		24f. FUNERAL DIRECTOR'S SIGNATURE N. F. Newman	
DATE REC'D BY LOCAL REG. 10-30-54		REGISTAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE 1331 _____	

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

**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.....  
*Rollie Kessel*

Licensed Embalmer No. *4690*

P. O. Address.....  
*K.C. 11*

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.