

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29796

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3972

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. LENGTH OF STAY (in this place) 48 yrs.		c. CITY OR TOWN Kansas City		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 620 West 61st Terr.				STREET ADDRESS (If rural, give location) 620 West 61st Terr.			
3. NAME OF DECEASED (Type or Print) ELLSWORTH		a. (First) H.		b. (Middle) MUNFORD		c. (Last)	
4. DATE OF DEATH Sept. 7, 1955		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH April 15, 1877		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Mins.		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer				10b. KIND OF BUSINESS OR INDUSTRY Paint		11. BIRTHPLACE (City and State or Foreign Country) Wahoo, Nebraska	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME John Munford		13b. MOTHER'S MAIDEN NAME Anna -----	
14. NAME OF HUSBAND OR WIFE Ethel Munford				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish American		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Munford, 620 W. 61st Terr., K.C. MO.				ADDRESS			
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) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH sev. month		b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cholesterol	
		DUE TO (b) Hypertension		years 59-2X		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		years -----			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min.)		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 June 5, 1955 to Sept 7, 55 , that I last saw the deceased alive on 7/15, 1955 and that death occurred at 9:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE H. C. Tripp				23b. ADDRESS 6247 Brookside		23c. DATE SIGNED 9/9/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-55		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 9-10-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. J. B. Trippe,
6247 Lakeside
New 0028

Exp 8:31 PM

Mr. Trippe will supply about 11 AM today

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 *Eugene A. Leven*

Licensed Embalmer No. *463*
P. O. Address *Lanham City*

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.