

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4742

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 418

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**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Wheanley Provident Hospital**

4. STREET ADDRESS (If rural, give location) **2645 Vine** 3410

3. NAME OF DECEASED
a. (First) **Gussie** b. (Middle) _____ c. (Last) **Dunbar**

4. DATE OF DEATH (Month) (Day) (Year) **Jan 28 1956**

5. SEX **female**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Aug 30, 1900**

9. AGE (In years last birthday) **55**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Pinebluff, Ark.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Johnson Williams**

13b. MOTHER'S MAIDEN NAME **Rodie Taylor**

14. NAME OF HUSBAND OR WIFE **Richmond Dunbar**

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. **no**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Richmond Dunbar 2645 Vine**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Cervix**
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.

INTERVAL BETWEEN ONSET AND DEATH **5 yrs**

1711

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan 22, 1956**, to **Jan 28, 1956**, that I last saw the deceased alive on **Jan 28, 1956**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **W. H. Bryan** (Degree or title) **M.D.**

23b. ADDRESS **220 N.E. 18th St**

23c. DATE SIGNED **Jan 30 '56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **Feb. 1, 1956**

24c. NAME OF CEMETERY OR CREMATORY **Highland**

24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **1-31-56 neva minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Watkins Bros. Funeral Home 18th Street**

WRITE PLAINLY—USING UNFADEING 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..... *Bruce P. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Ave*

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.