

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4745

State File No.

613

FILED MAR 1 1956

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) Snyderhoff Hotel	

3. NAME OF DECEASED (Type or Print) Harry	a. (First) b. (Middle) c. (Last) Dunlap	4. DATE OF DEATH (Month) (Day) (Year) 2 7 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 6-5-1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Telegraph Operator	11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Indiana
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12. CITIZEN OF WHAT COUNTRY? U. S.	13a. FATHER'S NAME Lyman Dunlap	13b. MOTHER'S MAIDEN NAME Unknown
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14. NAME OF HUSBAND OR WIFE None	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
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17. INFORMANT'S SIGNATURE OR NAME Mrs. Mikulis, 1817 Kentuckym In 1 2717	ADDRESS In 1 2717	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial infarction ANTECEDENT CAUSES DUE TO (b) Coronary arteriosclerosis severe DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
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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.	19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Feb. 6, 1956, to Feb. 7, 1956, that I last saw the deceased alive on Feb. 7, 1956, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) <i>B.I. Burns, M.D.</i>	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 2-8-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-10-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo
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DATE REC'D BY LOCAL REG. 2-10-56	REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE Stahl Funeral Home Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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. 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.