

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13677**BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **27**

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 OR TOWN KANSAS CITY <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) EN ROUTE		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 102ND STREET & #78 HIGHWAY			
e. STREET ADDRESS (If rural, give location) 6933 BELLEFONTAINE AVENUE			

3. NAME OF DECEASED a. (First) RALPH (Type or Print)			b. (Middle) EDGAR			c. (Last) TUNIS			4. DATE OF DEATH (Month) (Day) (Year) APR. 22, 1956						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH AUG-27-1910		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLANO REPAIRMAN				10b. KIND OF BUSINESS OR INDUSTRY OAK PARK PLANO SHOP				11. BIRTHPLACE (City and State or Foreign Country) GALESBURG ILLINOIS				12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME WILLIAM R. TUNIS				13b. MOTHER'S MAIDEN NAME MAUDE B. WYATT				14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR II 480-058509		17. INFORMANT'S SIGNATURE OR NAME Mrs. VIOLET MAPEL								ADDRESS 6933 BELLEFONTAINE KANSAS CITY MO.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) resulting from auto trauma											
		DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Highway				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 400 Jackson Mo			
21d. TIME OF INJURY 4-22-56 9:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? car struck Bully's cabinet			

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 **9:30 P.m.**, from the causes and on the date stated above.

23. SIGNATURE Paul C. Souffly		23b. ADDRESS 6627 Prospect 5 em				23c. DATE SIGNED 4-23-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 25, 1956		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 4-25-56		REGISTRAR'S SIGNATURE Herling O. Edwards				25. FUNERAL DIRECTOR'S SIGNATURE D. W. Neocome				ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.			
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(Licensed Embalmer - State of Missouri - Reverse Side)

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

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48198
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MAY 7 1956

MAY 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell N. Fran*.....

Licensed Embalmer No. *4*.....

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.