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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44322

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6012

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RESEARCH HOSPITAL — Length of stay in 1b: 1-DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CLAY
c. CITY OR TOWN: GLADSTONE ~~KANSAS CITY, NORTH~~ — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2506 E. 61ST TERR. NO. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: PAUL Middle: L. Last: DUNN

4. DATE OF DEATH: Month: DEC. Day: 16 Year: 1957

5. SEX: MALE 6. COLOR OR RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: DEC. 9. 1908

9. AGE (In years last birthday): 49 — 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): PRINTER, COMPOSING ROOM
10b. KIND OF BUSINESS OR INDUSTRY: K.C. STAR
11. BIRTHPLACE (City and state or country): BUTLER, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHARLES DUNN
13b. MOTHER'S MAIDEN NAME: MABLE HUGGINS
14. NAME OF ~~HUSBAND~~ OR WIFE: MRS. EDITH E. DUNN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR II
16. SOCIAL SECURITY NO.: 495-03-7814
17. INFORMANT: CHARLES DUNN Address: 2712 DENVER AVENUE, KANSAS CITY MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic coma, secondary to hepatitis severe, etiology undetermined, probable viral type — INTERVAL BETWEEN ONSET AND DEATH: About 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 092X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-16-57, to 12-16-57 and last saw ~~him~~ her alive on 12-16-57
Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph Perry (Degree or title) M.D.
22b. ADDRESS: 4800 E. 24th Street
22c. DATE SIGNED: 12-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 18. 1957
23c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 12-19-57
26. REGISTRAR'S SIGNATURE: Nea Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Ralph Perry

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 Edward M. Storey

Licensed Embalmer No. 445

P. O. Address K.C. 10 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.