

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-009909
Serial File No.

FILED MAR 19 1958

1132
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1132</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		a. STATE <u>KANSAS</u>		b. COUNTY <u>WYANDOTTE</u>	
c. LENGTH OF STAY (in this place) (township) <u>19 DAYS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2921 FARROW</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ETHEL</u>		b. (Middle) <u>F</u>		c. (Last) <u>DUNN</u>	
4. DATE OF DEATH		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF DEATH (Month) (Day) (Year) <u>2-28-58</u>		9. AGE (In years last birthday) <u>64</u>		10. DATE OF BIRTH <u>MARCH 25, 1893</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY KANS.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MAIL ORDER</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>MARIAN B. MORRISON</u>	
13b. MOTHER'S MAIDEN NAME <u>ADA LYON</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN DUNN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>513-09-1706</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS ROBERTA KAPNAZE KC Mo.</u>		18. CAUSE OF DEATH		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carc. of bladder</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Lower Nephron Nephrosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		110	
DUE TO (c)		DUE TO (c)		DUE TO (c)		5 days	
19a. DATE OF OPERATION <u>2-24-58</u>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>/</u>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>2-25</u> , 19 <u>56</u> , to <u>2-28</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>58</u> , and that death occurred at <u>6:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Staggs M.D.</u>				23b. ADDRESS <u>1030 Argyle KC Mo.</u>		23c. DATE SIGNED <u>3-3-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-24-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANS</u>	
DATE REC'D BY LOCAL REG. <u>3-3-58</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>Law H.C.H.</u>	

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

William A. Staggs

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 *Jesse T. Deane*.....

Licensed Embalmer No. *4453*.....

P. O. Address *Kansas 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.