

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009372

STATE FILE NUMBER  
1126

MAR 10 1959

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2002 E. 69th St.</b>		Length of stay in 1b <b>59 Years</b>	d. STREET ADDRESS (If outside, give location) <b>2002 E. 69th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>THERESA</b> Middle Last <b>DUNN</b>	4. DATE OF DEATH Month <b>Feb.</b> Day <b>28,</b> Year <b>1959</b>
---	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cauc.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 16, 1867</b>	9. AGE (In years last birthday) <b>92</b>	10. FUNDER YEAR	11. IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	--	---	-----------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Binghamton, New York</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	--

13a. FATHER'S NAME <b>Thomas W. Gorman</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Moroney</b>	14. NAME OF HUSBAND OR WIFE <b>James W. Dunn (Deceased)</b>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Agnes Schwagler, 2002 E. 69th K.C. Mo.</b>	Address
--	--	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b> <b>3 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardiac decompensation.</b>	
	DUE TO (c) <b>Age</b>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>1955</b> to <b>July 28 1959</b> and last saw her alive on <b>28 Feb 59</b> . Death occurred at <b>8:50 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS <b>330 W 47</b>	22c. DATE SIGNED <b>2 Nov 59</b>
---	--	---------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 3, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
--	----------------------------------	--	--

24. FUNERAL DIRECTOR <b>Muehlebach</b>	ADDRESS <b>6800 Troost</b>	25. DATE RECD. BY LOCAL REG. <b>3-2-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	-------------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. W. Gist

All diseases in Part I must be causally related.

10  
10  
10  
4  
1-11-57  
SEP 5

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 *Warren R Ellis* .....

Licensed Embalmer No. *5018* .....

P. O. Address *Mission, Kans* .....

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.