...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-040359

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5517

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 47 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4828 HARRISON — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4828 HARRISON — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle MARION Last SAUNDERS
4. DATE OF DEATH: Month NOVEMBER Day 15 Year 1959
5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JUN 10 1880
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PUBLIC SERVICE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: TRANSPORTATION
11. BIRTHPLACE (City and state or country): JINGO, KANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: DAVID H. SAUNDERS
13b. MOTHER'S MAIDEN NAME: CYNTHIA SHRAKE
14. NAME OF HUSBAND OR WIFE: ZELLA SAUNDERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: ZELLA SAUNDERS — Address: 4828 HARRISON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c) General Arteriosclerosis — Years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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: None
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 10/27/58, to 11/16/59 and last saw him alive on 11/12/59.
Death occurred at 9:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): William Bayne Allen MD
22b. ADDRESS: 4620 Gillis Street, O'Keefe Kan City, Mo
22c. DATE SIGNED: 11/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: NOV 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: PARKER CEMETERY
23d. LOCATION (City, town, or county) (State): PARKER, KANSAS
24. FUNERAL DIRECTOR: MUEHLEBACH — ADDRESS: 6800 TROOST
25. DATE RECD. BY LOCAL REG.: 11-16-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF William Bayne Allen MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clare V. Carr Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4934

P. O. Address KC 14 Mo

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