

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042033

FILED VS. NOV 23 1960

149

Primary Registration District No. 1002 Registrar's No.

5555

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 830 days	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5026 Wabash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle Gunther Last Gunther			4. DATE OF DEATH Month 11 Day 1 Year 60			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-4-1923	9. AGE (last birthday) 37 38	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOCKSMITH		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and state or country) KANSAS CITY MO		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joe HENRY GUNTHER		13b. MOTHER'S MAIDEN NAME MARY FREED		
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-26-1923		
17. INFORMANT HENRY GUNTHER SR. 1517 WABASH		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leucemic's cirrhosis & DUE TO (b) renal failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 10-26-1960 to 11-1-1960 and last saw him alive on 11-1-1960 Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Donald [Signature] (Degree or title) MD		22b. ADDRESS 2400 Cherry - City		22c. DATE SIGNED 11/1/1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-5-60	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO			
24. FUNERAL DIRECTOR SHRIL FUNERAL HOME K.C. MO		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-4-60	26. REGISTRAR'S SIGNATURE H. S. Dwyer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.