

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009197
STATE FILE NUMBER

DATE AMENDED: 3-23-61, 3-23-61
INSTEAD OF: November 11, 1901, 59 yrs.
SHOULD READ: November 11, 1900, 60 yrs.
BY AFFIDAVIT OF: Joseph E. Tuning, Robert C. Mc Clanahan

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1308

FILED APR 6 1961

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 **1 Year**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Research Hospital** 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) **20 East 68th. Terrace** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MARTHA** Middle **E.** Last **TUNING**
4. DATE OF DEATH Month **March** Day **11** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **Caucasian** 7. Married Never Married Divorced
8. DATE OF BIRTH **11-11-0100** 9. AGE (last birthday) **59** 10. IF UNDER 1 YEAR Months **0** Days **0** Hours **0** Min. **0**
11. BIRTHPLACE (City and state or country) **Upland - NEBRASKA** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Homemaker**
10b. KIND OF BUSINESS OR INDUSTRY **at home**
13a. FATHER'S NAME **O. L. CAMPBELL** 13b. MOTHER'S MAIDEN NAME **Anna Gates** 14. NAME OF HUSBAND OR WIFE **Joseph E. Tuning**
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** 16. SOCIAL SECURITY NO. 17. INFORMANT **JOSEPH E. TUNING, 20 E. 68th Terr.** Address **K. C. Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Gas Pulmonary**
DUE TO (b) **Pulmonary Emphysema**
DUE TO (c) **4 weeks**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Essential Hypertension**
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 **8/2/59** Month, Day, Year **3/11/61**
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.) **5:40 P.** 20f. CITY, TOWN, OR LOCATION **3/11/61** COUNTY **3/11/61** STATE **3/11/61**

21. I attended the deceased from **8/2/59** to **3/11/61** and last saw her/him alive on **3/11/61**. Death occurred at **5:40 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Robert C. Mc Clanahan** (Degree or title) 22b. ADDRESS **Professional Registrar** 22c. DATE SIGNED **3/13/61**

23. BURIAL, CREMATION, OR REMOVAL **REMOVAL** 23b. DATE **MAR. 13, 1961** 23c. NAME OF CEMETERY OR CREMATORY **BRUSH CREEK** 23d. LOCATION (City, town, or county) **HASTINGS, NEBRASKA** (State)
24. FUNERAL DIRECTOR **D.W. Newcomer's Sons** ADDRESS **331 Kansas City, Missouri.** 25. DATE RECD. BY LOCAL REG. **3-13-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

35/11

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 *Erling M. Stungy*

Licensed Embalmer No. 3566

P. O. Address K.C. 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.