MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016227

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2081

FILED APR 22 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO.

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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: Minutes
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Saint Lukes Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Johnson
c. CITY OR TOWN: Mission Hills — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2335 Drury Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frank Middle: G. Last: Punton

4. DATE OF DEATH: Month: April Day: 3 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-10-1887
9. AGE (last birthday): 75 Yrs — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Publisher
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Dr. John Punton
13b. MOTHER'S MAIDEN NAME: Frances Spruill
14. NAME OF HUSBAND OR WIFE: Gladys L. Punton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Gladys L. Punton Address: 2335 Drury Lane Mission Hills, Ks

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Metastatic Carcinoma with Acute bleeding left internal Carotid — 2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Perforation & necrosis of Vessel — 5-6 weeks

DUE TO (c): Squamous Cell Carcinoma of Mouth — 2 yrs.

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. ☐ 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
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 May 1959, to April 3, 63 and last saw her/him alive on April 3 1963.
Death occurred at Kansas City, Mo. 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arnold V. Arms M.D.
22b. ADDRESS: 4320 Wornall K.C. Mo
22c. DATE SIGNED: 4-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
23b. DATE: 4-5-63
23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Mausoleum
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure Kansas City, Missouri
25. DATE RECD. BY LOCAL REG.: 4-5-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

57.

APR 22 1963

Dr Urma
P/0552
4320 Wornall
St Luke's Hospital
in a-m.

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 Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Kansas City, 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.