

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

=63-020053

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2823

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 1 1963	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> Length of stay in lb <b>40 yrs.</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>345 NO. DENVER</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>AMY</b> Middle <b>ETHEL</b> Last <b>DUNN</b>	
4. DATE OF DEATH Month <b>5</b> Day <b>15</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</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>3/13/1885</b>
9. AGE (last birthday) <b>78</b>	
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>HOME</b>	
11. BIRTHPLACE (City and state or country) <b>HAMMOND, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>ROBERT WALPOOLE</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY J. LAFF</b>	
14. NAME OF HUSBAND OR WIFE <b>GEORGE J. DUNN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
17. INFORMANT <b>KENNETH A. DUNN 619 W 10th K.C., MO.</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONITIS</b> DUE TO (b) <b>CEREBRAL THROMBOSIS</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <b>6-hrs.</b> <b>32 days</b>	
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 _____ s.m. _____ p.m. _____	
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 <b>4/16/1963</b> to <b>5/15/1963</b> and last saw her him alive on <b>5/15/1963</b> COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her him on _____ Death occurred at <b>1:10 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Robert L. Ward M.D.</b> 22b. ADDRESS <b>4126 St. John</b> 22c. DATE SIGNED <b>5-16-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b> 23b. DATE <b>5/18/1963</b> 23c. NAME OF CEMETERY OR CREMATORY <b>West Liberty Cemetery</b> 23d. LOCATION (City, town, or county) <b>Bourbon County, Kansas</b> (State)	
24. FUNERAL DIRECTOR <b>C. H. BLACKMAN &amp; SON KANSAS CITY, MO.</b> ADDRESS _____ 25. DATE RECD. BY LOCAL REG. <b>5-16-63</b> 26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF **Robert L. Ward**

USE BLACK INK OR TYPEWRITER RIBBON

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address TC 24, 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.

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