

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-040062

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5450

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Samuel C. Petrie MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		Length of stay in 1b <u>2 WKS</u>	c. CITY OR TOWN <u>OVERLAND PARK</u>
c. FULL NAME OF IF NOT hospital, give location) <u>St Lukes Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8111 West 91st St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Marion Marie Mundt</u>			4. DATE OF DEATH Month Day Year <u>Oct - 7 - 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 7 - 1927</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Chicago - Illinois</u>
13a. FATHER'S NAME <u>John F. Marcinkowski</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Gonsiorowski</u>	14. NAME OF HUSBAND OR WIFE <u>Herbert G. Mundt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Herbert G. Mundt - 8111 W. 91st St</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Pyelonephritis</u>			<u>6 years</u>
DUE TO (c) <u>Diabetes mellitus</u>			<u>28 years</u>
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
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 <u>July 26, 1963</u> to <u>Oct. 7, 1963</u> and last saw her/him alive on <u>Oct. 7, 1963</u> Death occurred at <u>_____</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Samuel C. Petrie MD</u>		22b. ADDRESS <u>6100 Westway Mission, Kan</u>	22c. DATE SIGNED <u>10-7-63</u>
23a. PORTAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Oct 7 - 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARY Hill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Niles - Cook Co - Illinois</u>
24. FUNERAL DIRECTOR <u>Dates, 1901 @ 14th Blvd, Kansas City 3 - Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>10-8-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF KANSAS

PAZWA

X

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

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.

W. Sam Patric 6100 Marshway