

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1239

State File No.

318

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3723 Wyoming</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3723 Wyoming</u>		5468	

3. NAME OF DECEASED a. (First) <u>DANIEL</u>		b. (Middle) <u>B.</u>		c. (Last) <u>KUNKEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 21 50</u>	
5. SEX <u>Ma</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-16-1880</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 4 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (State or foreign country) <u>Oregon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Daniel Kunkel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Casey</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Bess Kunkel</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>493-09-7499</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy C. Kunkel, 110 & Glen Arbor Rd</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u>			YEARS?
	DUE TO (c) <u>Rt. Hemiplegia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 months</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-2-01</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1949, to JAN. 21, 1950, that I last saw the deceased alive on JAN. 20, 1950, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond W. O'Brien M.D.</u>		23b. ADDRESS <u>231 W. 47th Kansas City, Mo</u>		23c. DATE SIGNED <u>Jan 21, 1950</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>1-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oregon Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-22-50</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Wagner, Kansas City Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Wagon Chevrolet
JE 1500
1 PM*

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
Student Embalmer

Signed *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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 this body is not embalmed, fact should be so stated above.