

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1951

State File No. 4724

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 479

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 35 Yrs		d. STREET ADDRESS (If rural, give location) 311 No. Hardesty	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 311 No. Hardesty		d. STREET ADDRESS 311 No. Hardesty	

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Oscar c. (Last) Dunkle			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1951		
5. SEX Male: 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 11 1890		9. AGE (In years last birthday) 60		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Schneider Meat Co		11. BIRTHPLACE (State or foreign country) Springfield, Missouri	

13a. FATHER'S NAME William Dunkle		13b. MOTHER'S MAIDEN NAME Addie Collins		14. NAME OF HUSBAND OR WIFE Bertha Dunkle	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-05-7863		17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Dunkle ADDRESS Kansas City, Missouri	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Armytrophic Lateral Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown - Injury? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 29/62 11	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.		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.) The Hen House 8230 Wornall		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 31 1949		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Roll of wrapping paper fell on Rt. foot.	

22. I hereby certify that I attended the deceased from **March 31, 1949** to **1-31, 1951**, that I last saw the deceased alive on **1-31, 1951**, and that death occurred at **10:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Cummins (Degree or title) M.D.		23b. ADDRESS 4620 Indep. Ave.		23c. DATE SIGNED 2-1-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 2-2-51		REGISTRAR'S SIGNATURE Deraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1951

1951

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 *Rayford Barnes*
.....
Licensed Embalmer No. *4793*

P. O. Address *A. B. 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 this body is not embalmed, fact should be so stated above.