

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31583**  
**3988**

**FILED** SEP 20 1952

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3988</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>6 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1304 Oakley</b>				d. STREET ADDRESS (If rural, give location) <b>1304 Oakley</b>			
3. NAME OF DECEASED (Type or Print) <b>MYRTLE</b>		a. (First)		b. (Middle) <b>S.</b>		c. (Last) <b>DUNLAP</b>	
4. DATE OF DEATH <b>Sept. 8, 1952</b>		4. DATE (Month) (Day) (Year)		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 17, 1882</b>		9. AGE (in years last birthday) <b>70</b>		IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
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		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Drake</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Dunlap</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Grace Smith, 1304 Oakley, KC Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure 3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of stomach 1 mo.</b> 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 <b>15 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>Aug 15, 1952</u> , to <u>Sept 8, 1952</u> , that I last saw the deceased alive on <u>Sept 3, 1952</u> , and that death occurred at <u>9:55 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ralph H. Miller</b> MD (Degree or title)				23b. ADDRESS <b>204 W. 12th St. E. Sta</b>		23c. DATE SIGNED <b>9/9/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/10/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Glaze Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Roger, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-9-52</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robert Mason, 242 + Jackson - Be 1411  
(4202 E. 242)

10: A.M.

Left 2:00 P.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 .....  
Student Embalmer

Signed Eugene Harmon

Licensed Embalmer No. 4683

P. O. Address Deer

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.