

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42243**
5542

FILED JAN 5 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

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	
d. FULL NAME OF HOSPITAL OR INSTITUTION HUGH MANNEY REST HOME		d. STREET ADDRESS (If rural, give location) 3820 MAIN STREET	
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) HARVEY c. (Last) DUNN		4. DATE OF DEATH (Month) (Day) (Year) Dec 16 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH August 5, 1861
9. AGE (In years last birthday) 91		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and State or Foreign Country) Aledo ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN HARVEY		13b. MOTHER'S MAIDEN NAME NANCY JANE	
14. NAME OF HUSBAND OR WIFE Dr. ELI H. DUNN		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. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Frank E. Douglas ADDRESS KANSAS CITY, MO 5600 Michigan	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 33 1/2 h	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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) m.	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 1-15-1945 , to 12-16 , 19 52 , that I last saw the deceased alive on 12-15 , 19 52 , and that death occurred at 2:05 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE H. H. Owens (Degree or title)		23b. ADDRESS 1034 Pinalto Bldg	
23c. DATE SIGNED 12-16-52		23d. SIGNATURE H. H. Owens	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 18, 1952	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 12-18-52	REGISTRAR'S SIGNATURE H. H. Owens	25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer ADDRESS 1331 Butler Creek	

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 _____

Chester K Brown

Student Embalmer No. *476*

working under my personal supervision.

Student *Chester K Brown*

Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *Rt. 4 NY*

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.