

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44519

State File No. _____

5689

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

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Bourbon | |
| 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 Fort Scott | |
| c. LENGTH OF STAY (in this place) 3 weeks | | 8150 X | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 316 South Elmwood | | d. STREET ADDRESS (If rural, give location) | |

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|--|---------------------------|--|---|--|-----------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) ESTELLA b. (Middle) MAUDE c. (Last) GUNSAULLUS | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1952 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Oct. 30, 1888 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School teacher | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | | | | |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME Stephen E. Melton | | 13b. MOTHER'S MAIDEN NAME Sarah A. Whiteman | | 14. NAME OF HUSBAND OR WIFE Fred D. Gunsaulus | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Kenneth Thompson, 316 So. Elmwood, KC Mo | |

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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) Acute cardiac failure with myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lipo retroperitoneal DUE TO (c) sarcoma with metastasis | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 3 yrs 197X years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis | | 19a. DATE OF OPERATION 11-3-52? | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 19b. MAJOR FINDINGS OF OPERATION Dr. T.S. Day Univ. Kansas Medical Center Lipo retroperitoneal sarcoma - metastasis to liver | | 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 12-15, 1952, to 12-27, 1952, that I last saw the deceased alive on 12-26, 1952, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE Thos. C. Mc Hale (Degree or title) | | 23b. ADDRESS 4620 Indep. Ave. KC, Mo | | 23c. DATE SIGNED 12-27-52 | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Removal | | 24b. DATE 12/27/52 | | 24c. NAME OF CEMETERY OR CREMATORY — | |
| 24d. LOCATION (City, town, or county) (State) Fort Scott, Kansas | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo. | | | |

DATE REC'D BY LOCAL REG. **12-27-52** REGISTRAR'S SIGNATURE **Seraldine Smith**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Thomas C. Pughall
4620 Independence Ave.
Ch. 5750

1120 - 6:00

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 L. Kemmer
Licensed Embalmer No. 4693

P. O. Address: Yonkers City N.Y.

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.