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FILED FEB 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1391**  
Registrar's No. **290**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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>Atchison</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Fairfax</b>	
c. LENGTH OF STAY at this place <b>6 Months</b>		d. STREET ADDRESS <b>Route #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laven Manger Nursing Home 3526 Walnut Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDGAR</b>	b. (Middle) <b>DUNLAP</b>	c. (Last) <b>DUNLAP</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 19 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 19, 1882</b>	9. AGE (In years last birthday) <b>70</b>	10. MONTHS <b>70</b>	11. YEARS <b>70</b>	12. HOURS <b>70</b>	13. MIN. <b>70</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Leabrook Dunlap</b>	13b. MOTHER'S MAIDEN NAME <b>Anna B. Payne</b>	14. NAME OF HUSBAND OR WIFE <b>Emma J. Seideman Dunlap</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dennis L. Dunlap</b>	18. ADDRESS <b>North K.C. Missouri</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		<b>5 Days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>		<b>7 Days</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from **Nov 14, 1952** to **Jan 19, 1953**, that I last saw the deceased alive on **Jan 17, 1953**, and that death occurred at **3:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Bennett</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>1103 Grand KC Mo</b>	23c. DATE SIGNED <b>1-19-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan. 19, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Fairfax Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-19-53</b>	REGISTRAR'S SIGNATURE <b>Deraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. W. Newcomer's Sons</b>	ADDRESS <b>Kansas City, Mo.</b>
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(Licensed Embalmers' Statement on Reverse Side)

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

VS JUN 23 1959

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

*Robert C. Heron*

Licensed Embalmer No. *7849*

P. O. Address *R. C. Heron*

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.