

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38550**

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

6001 /

FILED DEC 14 1953		BIRTH NO. <u>70288</u>		REG. DIST. NO. <u>72</u>	PRIMARY REG. DIST. NO. <u>3013</u>	Registrar's No. <u>83</u>
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 MO.</u>		c. CITY OR TOWN <u>NORTH KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2901 SWIFT</u>			e. STREET ADDRESS (If rural, give location) <u>2901 SWIFT</u> 6001/0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u> b. (Middle) <u>Beth</u> c. (Last) <u>DUNBAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1953</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT 27, 1953</u>		9. AGE (In years last birthday) <u>2</u> if UNDER 1 YEAR: Days _____ if UNDER 12 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>NORTH KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>WILLO DUNBAR</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY REVEAL</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>WILLO DUNBAR</u> ADDRESS <u>2901 SWIFT</u>		
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) <u>Congenital Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Septal Defect.</u> DUE TO (c) <u>Transposition of Great Vessels</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>7544</u>
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) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>D. A. Hoskins DO Pathologist</u>			23b. ADDRESS <u>2105 Independence Ave Kansas City, Mo</u>		23c. DATE SIGNED <u>12-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/4/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FORREST HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>12-7-53</u>		REGISTRAR'S SIGNATURE <u>494 Marguerite Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer's N.K.C. MO.</u>		

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.....
Signature of Student Embalmer

Signed..... *Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 72*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.