

**STANDARD CERTIFICATE OF DEATH**

State File No. **1390**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **335**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (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) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	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: <b>Research Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>211 West Armour Blvd. 3488</b>		
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>BESS</b>	b. (Middle) <b>L.</b>	c. (Last) <b>KUNKEL</b>
4. DATE OF DEATH		(Month) <b>1</b>	(Day) <b>21</b>	(Year) <b>54</b>
<b>5. SEX</b> <b>Fe</b>	<b>6. COLOR OR RACE</b> <b>Wh</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>6-4-1880</b>	<b>9. AGE (In years, last birthday)</b> <b>73</b>
IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.	IF UNDER 2 HRS. Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kirksville, Mo.</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Joseph Mitchell</b>		
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah M. Henton</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Daniel B. Kunkel</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charles Barrett, Sacramento, Calif.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized carcinomatosis</b>		ANTECEDENT CAUSES		Over 6 months
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Carcinoma of ovary</b>		175X
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		175X
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>	<b>(COUNTY)</b>
<b>(STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from Oct 20, 1953, to Jan 21, 1954, that I last saw the deceased alive on Jan 21, 1954, and that death occurred at 7:35 A., from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <b>E. G. Kettner</b> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>Kansas City, Mo.</b>		<b>23c. DATE SIGNED</b> <b>1/21/54</b>
<b>24a. BURIAL CREMATION REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>1-23-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oregon Cemetery</b>	<b>24d. LOCATION (City, town, or county)</b> <b>Oregon, Mo.</b> (State)	
<b>DATE REC'D BY LOCAL REG.</b> <b>1-21-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J. W. Wagner, K C Mo.</b>
<b>ADDRESS</b>		<b>ADDRESS</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1954

FEB 26 1954

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 *Abrie R. Hansen*.....

Licensed Embalmer No. *41*.....

P. O. Address *K.E. 7*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.