

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12261
1687

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN OVERLAND PARK	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 DAYS		e. STREET ADDRESS (If rural, give location) 7216 WEST 67th STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) WILBUR	b. (Middle) B.	c. (Last) TUNGETT SR.	4. DATE OF DEATH (Month) (Day) (Year) APR. 12, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 23, 1883	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months Days	11. UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER	10b. KIND OF BUSINESS OR INDUSTRY SKAER PLUMBING CO.	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN TUNGETT	13b. MOTHER'S MAIDEN NAME JANE BOWLES	14. NAME OF HUSBAND OR WIFE MARGARET IRMA TUNGETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 510-07-2921	17. INFORMANT'S SIGNATURE OR NAME MARGARET IRMA TUNGETT	ADDRESS 7216 WEST 67th ST. OVERLAND PARK, KANSAS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant glioma of Brain		INTERVAL BETWEEN ONSET AND DEATH 4-6 wks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post operative clot at operative site		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Tumor of Brain in region of thalamus, etc.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **4-7, 1954** to **4-12, 1954** that I last saw the deceased alive on **4-12, 1954** and that death occurred at **9:10 A.M.** m., from the causes and on the date stated above.

23a. SIGNATURE Donald F. Coburn (Degree or title)	23b. ADDRESS 411 Nichols Road KC 139 Mo	23c. DATE SIGNED 4-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-14-54	24c. NAME OF CEMETERY OR CREMATORY mt. moriah	24d. LOCATION (City, town, or county) (State) Kansas city, mo.
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DATE REC'D BY LOCAL REG. 4-14-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. J. [unclear] ADDRESS 1331 BRUSH CREEK
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Robert E. Herron*.....

Licensed Embalmer No. *48*

P. O. Address *K. C.*

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.