

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **4688**

FILED OCT 27 1954

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002**

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>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>12 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General No. 2</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <b>17 1924 E. 10th</b>		(If rural, give location) <b>3170</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>June</b>		b. (Middle)		c. (Last) <b>Nunley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 3, 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Oct 6, 1913</b>		9. AGE (In years last birthday) <b>40</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>restuarant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Eldorado, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Tucker McDuffie</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie Ta tum</b>		14. NAME OF HUSBAND OR WIFE <b>Asbury Nunley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>497-24-9282</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Asbury Nunley</b>	
				ADDRESS <b>1924 E. 10th</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Penetrating Stab Wound of Posterior Thorax</b>		INTERVAL BETWEEN ONSET AND DEATH <b>THORAX</b>	
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Severing Right 7<sup>th</sup> Intercostal Artery</b>			
		DUE TO (c) <b>Laceration of Right Lower Lobe of Lung</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Compression atelectasis of Right Lung</b>		<b>Right Hemothorax</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>8, 982 X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1924 E 10</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 3, 1954 1:00 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Stab wound of posterior Thorax</b>			

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 <b>Deputy Coroner</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1618 Lydia Ave</b>		23c. DATE SIGNED <b>10/7/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 8, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	

DATE REC'D BY LOCAL REG. <b>10-8-54</b>		REGISTRAR'S SIGNATURE <b>neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros. Funeral Home</b>		ADDRESS <b>18<sup>th</sup> Benton</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
I. M. Tillman

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 *Bruce P. Watkins*

Licensed Embalmer No. *450*

P. O. Address *1 Pct Denton*

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.