

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41269
5579

State File No.

Registrar's No.

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NEBR</u> b. COUNTY <u>DOUGLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OMAHA</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		8268	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>5115 Webster St</u>	

3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 1954</u>		
a. (First)	b. (Middle)	c. (Last) <u>TUNISON</u>	5. SEX <u>D</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>
8. DATE OF BIRTH <u>DEC 20 1882</u>	9. AGE (In years last birthday) <u>71</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTORNEY</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Parkeburg Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u> Jas. W. Tunison</u>	13b. MOTHER'S MAIDEN NAME <u> Catherine M. Theron</u>	13c. NAME OF HUSBAND OR WIFE <u> Otis Tunison</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u> Mrs Otis Tunison</u> ADDRESS <u> Omaha nebr.</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, asthenia, 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) <u>Ruptured aneurism - dissecting, descending (thoracic) aorta</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis - general</u> DUE TO (c) <u>3rd. coronary sclerosis - 2</u>		451x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anginal syndrome</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 11/28/1954 to 12/3/1954, that I last saw the deceased alive on 12/3/1954 and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James Q. Chambers Jr. M.D.</u>	23b. ADDRESS <u>1103 Grand Ave Omaha, Neb.</u>	23c. DATE SIGNED <u>12/3/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) <u>Omaha, Neb.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuey M. Stuey</u>	ADDRESS <u>A. C. Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-4-54</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	

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

No. 300
10.48

APR 3 1955

APR 6 1955

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 _____

L. S. Walton

Licensed Embalmer No. _____

3744
K. C. Mo.

P. O. Address _____

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.