

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11938

State File No. _____

BIRTH NO. 22634-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1353

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Wickman Mills</u>	
c. LENGTH OF STAY (in this place) <u>44 min</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		STREET ADDRESS (If rural, give location) <u>5632 East 102</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIEA</u> b. (Middle) <u>GIOR</u> c. (Last) <u>Gunn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>3-26-55</u>
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Rev Eugene Gunn</u>	13b. MOTHER'S MAIDEN NAME <u>Paula Ciss</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

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>Mr. Rev. Gunn, 5632 E. 102</u>	18. ADDRESS _____
---	-------------------------------	---	-------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>27⁰⁰</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemolytic Disease of the Newborn</u>		
	ANTECEDENT CAUSES Morbid 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.			

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 3-26, 1955, to 3-26, 1955, that I last saw the deceased alive on 3-26, 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Underwood, M.D.</u> (Degree or title)	23b. ADDRESS <u>5100 E. 24th K.C. Mo.</u>	23c. DATE SIGNED <u>3/26/55</u>
---	---	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-26-55</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackburn</u>	ADDRESS <u>Eden M. C. Mo.</u>
---	--	---	-------------------------------

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 *Bert B. Bennett*

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.