

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16380**
1865

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1865	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN DREXEL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				• STREET ADDRESS (If rural, give location) 0190			
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) W. c. (Last) Gunnels			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1956				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Aug. 4, 1865		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOEL N. WHITE		13b. MOTHER'S MAIDEN NAME MARY COULTER		14. NAME OF HUSBAND OR WIFE JOEL N. WHITE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. N/A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOE O. GUNNELS, Drexel, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema ANTECEDENT CAUSES DUE TO (b) Post-Operative shock DUE TO (c) Intra-capsular fracture Rt Femoral neck II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Generalized Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 5 days 1 week Femoral neck 9904 0	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Intra-capsular Fracture Rt Femoral Neck					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fell in home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Drexel 019 Cass Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 19 56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in home					
22. I hereby certify that I attended the deceased from Apr. 19 - 1956 , to Apr. 24, 1956 , that I last saw the deceased alive on Apr. 28 - 1956 , and that death occurred at 3:40 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Carl H. Brust			(Degree or title) MD.		23b. ADDRESS 106 W. 14th St. - K.C. Mo		23c. DATE SIGNED 4-29-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/29/1956	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Drexel Mo			
DATE REC'D BY LOCAL REG. 4-29-56	REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Stino & McClure Ind. Co.		ADDRESS Kansas City, Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl H. Brust

Dr. Carl H. Brust

Em. 2-6 240

10:30 Trinity Lutheran

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.....

Licensed Embalmer No. 4812

P. O. Address Kansas City

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