

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41764

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5729

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 46 Yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Trinity Lutheran Hospital			
STREET ADDRESS (If rural, give location) 1251 West 64th Street			

3. NAME OF DECEASED (Type or Print) a. (First) ALLAN b. (Middle) B. c. (Last) SUNDERLAND			4. DATE OF DEATH (Month) (Day) (Year) Dec 30, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 31, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. - Ash Grove Lime & Portland		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Cement Co.		13b. MOTHER'S MAIDEN NAME Georgeann Boulter		14. NAME OF HUSBAND OR WIFE Georgia B. Sunderland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-09-1424		17. INFORMANT'S SIGNATURE OR NAME Georgia B. Sunderland ADDRESS Home	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 5 weeks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis		?
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

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)	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 11-26, 1956, to 12-30, 1956, that I last saw the deceased alive on 12-29, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Welker <i>Joseph E. Welker</i>		(Degree or title) MD	23b. ADDRESS 836 Prof Bldg Kansas City Mo	23c. DATE SIGNED 12-31-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 1-2-1957	24c. NAME OF CEMETERY OR CREMATORY DWN Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 1-2-57	REGISTRAR'S SIGNATURE Neva Trinsbell	25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS Stine & McClure Kansas City, Missouri		

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

1
1700
255700
10000
2:00
V.S. 2-6087

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 *Elmer D. Zippert*

Licensed Embalmer No. *4817*

P. O. Address *San Francisco, Calif.*

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.