

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13092

STATE FILE NUMBER

1592

FILED APR 25 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

Health, & Welfare Public Service
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
securing the medical certification in the specific manner required by R.S. 40.040-40.045.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
B. I. Burns

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 2 1/4 yrs.		d. STREET ADDRESS 116 E. 31 Terr.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle W. Last Dunagan				4. DATE OF DEATH Month 4 Day 3 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 11, 1878		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Selfemployed		11. BIRTHPLACE (City and state or country) Decatur Co., Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wm. Alexander Dunagan				14. MOTHER'S MAIDEN NAME Tolitha Baldwin			
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. None		17. INFORMANT ANNA DUNAGAN		Address K.C. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Empyema of lung etiology unknown. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 518X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from March 23, 1957 to April 3, 1957 and last saw her ^{him} alive on April 3, 1957 V Death occurred at 2 : 25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>B. I. Burns, M.D.</i> (Degree or title)				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 4-4-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-6-1957	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem. Indep.		23d. LOCATION (City, town, or county) Missouri		(State)	
24. FUNERAL DIRECTOR Geo. C. CARSON		ADDRESS Indep. Mo.		25. DATE RECD. BY LOCAL REG. 4-5-57		26. REGISTRAR'S SIGNATURE <i>new minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

KP
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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 *J. H. Gibson*

Licensed Embalmer No. *4871*

P. O. Address *Indep. m*

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.