

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40393

STATE FILE NUMBER

FILED NOV 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5203

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Menorah Medical Center</b>		Length of stay in lb <b>50 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>714 Wabash</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>CURTIS</b> Last <b>Huling</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>4</b> Year <b>1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-15-97</b>	9. AGE (In years) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POSTAL TRANSIT SERVICE</b>		11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>FRANK C. HULING</b>		13b. MOTHER'S MAIDEN NAME <b>PORTER BROCKWAY</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. MARIE HULING</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wgt or days of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>MRS. MARIE HULING</b>		Address <b>24 WABASH AVENUE KANSAS CITY, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Ruptured aneurysm, abdominal</b> DUE TO (c) <b>Atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>years</b> <b>45-+</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <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 <b>KANSAS CITY</b>		COUNTY <b>JACKSON</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>1951</b> to <b>11-4-57</b> and last saw her alive on <b>11-4-57</b> Death occurred at <b>12:45</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>William Lowe Mundy, M.D.</b>		22b. ADDRESS <b>1103 Grand</b>	
22c. DATE SIGNED <b>11-4-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>NOV-6-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>		(State) <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-6-57</b>	
26. REGISTRAR'S SIGNATURE <b>neva minshall</b>					

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

William Lowe Mundy USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 20 1957

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 *Raymond M. Hardy* .....

Licensed Embalmer No. *4913* .....

P. O. Address *Index Mo* .....

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.