

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018140  
State File No. ....

FILED MAY 19 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2121

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (If not in hospital or institution, give street address or location) <u>2 yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>	
e. STREET ADDRESS (If rural, give location) <u>4617 Jefferson</u>			

3. NAME OF DECEASED (Type or Print) <u>Rose</u>	a. (First) <u>Rose</u>	b. (Middle) <u>C.</u>	c. (Last) <u>DUNN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-58</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>8-2-1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>N.Y.C., N.Y.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Michael Donahue</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Mechler</u>	14. NAME OF HUSBAND OR WIFE <u>Martin Dunn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>060-03-7397R</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M. Dunn</u>	ADDRESS <u>Merriam, KS</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Thrombosis of Ventricle</u>		<u>3 mks.</u>
	DUE TO (c) <u>Anterior wall heart dis.</u>		<u>1 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4200</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1957, 1958 to April, 1958, that I last saw the deceased alive on Apr 25, 1958, and that death occurred at 7P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. W. Robinson</u>	23b. ADDRESS <u>4635 Wymondotte</u>	23c. DATE SIGNED <u>4-26-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-26-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gate of Heaven</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasantville, NY</u>
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DATE REC'D BY LOCAL REG. <u>4-26-58</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eugene P. Aaros</u>	ADDRESS <u>Shawnee, Kansas</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD  
A. W. Robinson



7/12-271

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..... *Engene P. Amos*  
Licensed Embalmer No. *502*  
P. O. Address *Shawnee,*

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.