

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028505
STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4095 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Cass		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 Belton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Belton 7000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 804 Ceder		Length of stay in 1b 58 Yrs	d. STREET ADDRESS (If outside, give location) 508 Ceder Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Myrtle Middle Annie Last Dunseth			4. DATE OF DEATH Month 8 Day 26 Year 1958		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-13-1892		9. AGE (In years on birthday) 65 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John N. Smith		13b. MOTHER'S MAIDEN NAME Jean M Matrat		14. NAME OF HUSBAND OR WIFE - - -	

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. <input checked="" type="checkbox"/>	17. INFORMANT Mrs. Kenny Feedback, Belton, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure secondary to Arterio-sclerosis and cerebral hemorrhage DUE TO (b) Hypertension and arterio-sclerosis DUE TO (c) 331X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 days 1 1/2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	

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 Belton, Missouri
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21. I attended the deceased from **Aug 26, 58** to **Aug 26, 58** and last saw her **alive on Aug 26, 1958**
Death occurred at **8:30 p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sam A Hooper MD	22b. ADDRESS Grandview, Missouri	22c. DATE SIGNED 8-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-28-58	23c. NAME OF CEMETERY OR CREMATORY Belton, Cemetery	23d. LOCATION (City, town, or county) (State) Belton, Missouri
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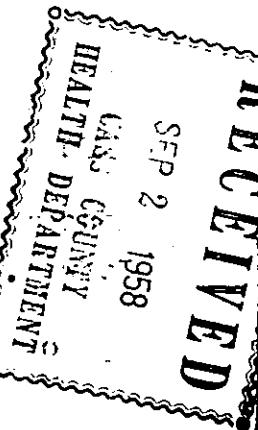
24. FUNERAL DIRECTOR E.K. George & Sons Inc, Belton, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 27 1958	26. REGISTRAR'S SIGNATURE Alora Barwood
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FILED SEP 3 1958
190
300
1-57



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

Arthur E. Edwards

Licensed Embalmer No. *4911*

P. O. Address *Grandview*

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.