

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032705

STATE FILE NUMBER

4392

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4392

1. PLACE OF DEATH a. COUNTY Kansas City 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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Queen of World		d. STREET ADDRESS (If outside, give location) 2901 Olive St	
3. NAME OF DECEASED (Type or print) First Middle Last Glen Allen Gunnels		4. DATE OF DEATH Month Day Year Sept--14-1958	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April-27-1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Marriton, Ark
13a. FATHER'S NAME Z.R. Gunnels		13b. MOTHER'S MAIDEN NAME Odessa Covington	14. NAME OF HUSBAND OR WIFE Odessa Covington Beulah Gunnels Address
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. 424-58-1826	17. INFORMANT Beulah Gunnels 2901 Olive
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock DUE TO (b) Internal Abdominal Hemorrhage. DUE TO (c) Penetrating Stab Wound of Abdomen 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Don't know	
20c. TIME OF INJURY Hour a.m. 1:36 Month, Day, Year 9/14/1958			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) 1824 Prospect St.	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, Mo	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	
		22c. DATE SIGNED 9/14/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE Sept-16-1958	
		23c. NAME OF CEMETERY OR CREMATORY Hickory Hill Cemetery	
		23d. LOCATION (City, town, or county) (State) Marriton, Ark.	
24. FUNERAL DIRECTOR C. H. West, 1729 Lydia		25. DATE RECD. BY LOCAL REG. 9-16-58	
		26. REGISTRAR'S SIGNATURE neva minshall	

All diseases in Part I, including any conditions indicated by the term "to," are assumed to be causally related, unless otherwise indicated.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L. M. Tillman



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 *C. H. Speat*

Licensed Embalmer No. *2710*

P. O. Address *15. C. 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.