

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032965

STATE FILE NUMBER

4218

FILED SEP 24 1958

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

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
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 PRAIRIE VILLAGE <sup>8150</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 4808 WEST 72 <sup>ND</sup> ST
3. NAME OF DECEASED (Type or print) First Middle Last DOROTHY MAX SAUNDERS			4. DATE OF DEATH Month Day Year AUGUST 31 1958
5. SEX FEMALE	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. 20, 1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) MANHATTAN, KANSAS
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME THOMAS A. THOMPSON	
13b. MOTHER'S MAIDEN NAME MARY WAYMAN		14. NAME OF HUSBAND OR WIFE LOUIS L. SAUNDERS	
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. 524-09 2867	17. INFORMANT LOUIS L. SAUNDERS, 4808 W. 72 <sup>ND</sup> STREET
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUE TO (b) Aspiration of Vomitus DUE TO (c) Acute Alcoholism PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) Chronic Alcoholism (History), Concussion (Pathological Report)			INTERVAL BETWEEN ONSET AND DEATH 30 minutes 30 minutes 3 weeks?
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. AGENT (SUICIDE HOMICIDE) Accident		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Trauma to right eye and left hip area.			
20c. TIME OF INJURY 2:00 PM			
20d. PLACE OF INJURY (e.g., in or about home, street, office bldg., etc.) Home			
20e. CITY, TOWN, OR LOCATION Manhattan, Kansas			
20f. STATE MO			
21. I attended the deceased from Aug 29, 1958 to Aug 31, 1958 and last saw her alive on Aug 30, 1958 Death occurred at 7:53 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl R. Ferris (Degree or title)		22b. ADDRESS 535 Ogden Bldg Kansas City, Mo	
22c. DATE SIGNED Sept 2, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEPT 3, 1958	23c. NAME OF CEMETERY OR CREMATORIAN SUNSET	23d. LOCATION (City, town, or county) (State) MANHATTAN, KANSAS
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS K.C., MO.		25. DATE RECD. BY LOCAL REG. 9-3-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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V

### 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 *Thomas W. Pearson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *D.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.