

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

58-044254

STATE FILE NUMBER 5879

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City mo c. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hosp Length of stay in lb 31 7 yrs d. STREET ADDRESS 7720 oak

3. NAME OF DECEASED Mrs Rada Foster Sunford 4. DATE OF DEATH 12-10-1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 4-6-1906 9. AGE 52

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY at Home 11. BIRTHPLACE Mc Fall, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Obie adcock 13b. MOTHER'S MAIDEN NAME Nancy Jane Daniels 14. NAME OF HUSBAND OR WIFE W Ray Sunford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. 497-26-3060 17. INFORMANT W. Ray Sunford 7720 oak St K.C. Mo

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Rupture due to acute dilatation INTERVAL BETWEEN ONSET AND DEATH immediate (b) Malnutrition, Incontinence & Pneumonia 6 weeks (c) Metastatic adenocarcinoma from breast 5 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170x 19. WAG AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1958 to Dec 1958 and last saw her alive on Dec 19 1958 Death occurred at 10:50 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree Title) 22b. ADDRESS 926 E. 11th St. 22c. DATE SIGNED 12-12-58

23a. BURIAL, CREMATION REMOVAL (Specify) 23b. DATE 12-13-58 23c. NAME OF CEMETERY OR CREMATORY Forest Hill 23d. LOCATION (City, town, or county) (State) Kansas City Mo

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE

France Wornall Funeral Home Kc Mo 12-12-58 neva Minshall (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Verner J. Ames

All diseases in Part I must be causally related.

APR 11 1944

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 *Russell N. Fran*

Licensed Embalmer No. *425*  
P. O. Address *K.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.