Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021320
STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2897

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital — Length of stay in 1b: 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6800 E. 17th — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Manthus — Middle: R. — Last: Dunning

4. DATE OF DEATH: Month: 6 — Day: 12 — Year: 59

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 3-27-~~1889~~ 1879

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10b. KIND OF BUSINESS OR INDUSTRY: Mercy Hospital

11. BIRTHPLACE (City and state or country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Crow Pool

13b. MOTHER'S MAIDEN NAME: Addie Mitchel

14. NAME OF HUSBAND OR WIFE: William W. Dunning

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 452-07-839

17. INFORMANT: Mrs. Edith Smith — Address: 6800 E. 17th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Neurofibrosarcoma of back with extension and pulmonary metastis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1939

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6-8-59, to 6-12-59 and last saw her/him alive on 6-12-59
Death occurred at 4:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Abraham Gelperin M. D.

22b. ADDRESS: General Hospital

22c. DATE SIGNED: 6-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-15-59

23c. NAME OF CEMETERY OR CREMATORY: Floral Hills

23d. LOCATION (City, town, or county) (State): Kansas City Missouri.

24. FUNERAL DIRECTOR — ADDRESS: Sheil Funeral Home K. C. Missouri

25. DATE RECD. BY LOCAL REG.: 6-15-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address .....

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.