

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036242

FILED VS OCT 23 1959

1002

4792

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No.

Registrar's No.

UNDECEASED

1. PLACE OF DEATH a. COUNTY 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		Length of stay in 1b 12 days		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11004 E. 33rd. Terr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alonzo Middle W. Last Jundy				4. DATE OF DEATH Month Oct. Day 3, Year 1959				
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 21, 1887	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10b. KIND OF BUSINESS OR INDUSTRY Jehovah Witness		11. BIRTHPLACE (City and state or country) Bates County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Peter Jundy			13b. MOTHER'S MAIDEN NAME Emma Keththley			14. NAME OF HUSBAND OR WIFE Eula Jundy		
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. 497-28-4051		17. INFORMANT Address Indep. Mo. Marlin D. Jundy 11004 E. 33rd. Terr.			
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							INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) uremia due to hydronephrosis & pyelonephritis ?	
DUE TO (c) prostatic obstruction ?							?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year							
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		COUNTY		STATE
21. I attended the deceased from 9-21 -59 , to 10-3-59 and last saw her him alive on 10-3-59 Death occurred at 9:45A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>D. W. Bryant, D.O.</i>				22b. ADDRESS 600 Bryant Bldg. K. C. 6, Mo.		22c. DATE SIGNED 10-5-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10-6-59	23c. NAME OF CEMETERY OR CREMATORY Virginia Cemetery		23d. LOCATION (City, town, or county) Virginia, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS D. Geo. C. Carson & Sons, Indep. Mo.				25. DATE RECD. BY LOCAL REG. 10-5-59		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		

DOCUMENT

BY AFFIDAVIT OF D. W. BURFOIT D. O. MEDICAL CERTIFICATION

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 _____

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.