

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015532

FILED VS MAY 1 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2360

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>22 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Queen of the World Hospital</u>				d. STREET ADDRESS (if outside, give location) <u>3222 East 8th Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>H.</u> Last <u>Munkers</u>				4. DATE OF DEATH Month <u>April</u> Day <u>24th</u> Year <u>1960</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>1/15/17</u>	
				9. AGE (last birthday) <u>43 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paymaster & Bookkeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>B&G Hosiery Shops</u>		11. BIRTHPLACE (City and state or country) <u>Higginsville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				13a. FATHER'S NAME <u>Clarence E. Hug</u>			
				13b. MOTHER'S MAIDEN NAME <u>Edna N. Grogan</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown Munkers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>493-12-7360</u>		17. INFORMANT <u>Sharon Lee Munkers</u> Address <u>3222 E. 8th St. Kansas City, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cor Pulmonale</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
DUE TO (b) <u>Acute Bronchopneumonia</u>							<u>4 days</u>
DUE TO (c)							
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>							
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 <u>May 6, 1947</u> to <u>April 24, 1960</u> her last saw <u>her</u> on <u>April 24, 1960</u> Death occurred at <u>7:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Sharon Lee Munkers md</u>				22b. ADDRESS <u>4620 Nichols Plaza</u>		22c. DATE SIGNED <u>4/25/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 27, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		23d. LOCATION (City, town, of county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>				ADDRESS <u>Brush Creek 1331</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-60</u>	
26. REGISTRAR'S SIGNATURE <u>neve minshall</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert H. Savage

Licensed Embalmer No. 4812

P. O. Address Worcester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.