RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

5154-60-038460

FILED VS OCT 31 1960 149 Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4759 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 7 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hosp — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 711 N. Chestnut — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Thomas Middle E. Last McMunn
4. DATE OF DEATH Month 10 Day 13 Year 60

5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/22/07
9. AGE (last birthday) 53 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo.
11. BIRTHPLACE (City and state or country) Harrisburg, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm. McMunn
13b. MOTHER'S MAIDEN NAME Etta Grant
14. NAME OF HUSBAND OR WIFE Ethel McMunn

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. 429-12-8548
17. INFORMANT Mrs. Ethel McMunn — Address 711 N. Chestnut

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Exsanguination from erosion of superior
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thyroid artery
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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
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 10-7-60 to 10-13-60 and last saw her/him alive on 10-13-1960
Death occurred at 9:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H L Dwyer M.D.
22b. ADDRESS Woolberry, City
22c. DATE SIGNED 10/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Shal Funeral Home — ADDRESS 6606 Ludy Ave. Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 10-14-60
26. REGISTRAR'S SIGNATURE H-L-Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. L. Dwyer

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_____ Signed Thomas A. Shel

Signature of Student Embalmer

Licensed Embalmer No. 495

P. O. Address K. C. M

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