

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**  
**FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-041332**

**FILED VS DEC 5 1960**

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 199 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt Pleasant Township</b>		Length of stay in 1b ---	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>328th USAF Hospital Richards-Gebaur AFB, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4537 Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Baby Boy</b> Middle _____ Last <b>Kuns</b>			4. DATE OF DEATH Month <b>November</b> Day <b>23</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>23Nov60</b>	9. AGE (last birthday) --	IF UNDER 1 YEAR Months - Days - Hours - Min. <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NA</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NA</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>United States</b>	
13a. FATHER'S NAME <b>Carl L. Kuns</b>		13b. MOTHER'S MAIDEN NAME <b>Judith A. Eakins</b>		14. NAME OF HUSBAND OR WIFE <b>NA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NA</b>	17. INFORMANT <b>Judith A. Kuns</b> Address <b>4537 Main Kansas City, Missouri</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH <b>13 Min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 23 November 1960 to 23 November 1960 last saw <sup>xxx</sup>him alive on 23 November 1960  
 Death occurred at 8:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In case of pr title) <i>Arnold J. Halpern</i> <b>ARNOLD J. HALPERN, Capt., USAF, MC</b>	22b. ADDRESS <b>328th USAF Hospital Richards-Gebaur AFB, Missouri</b>	22c. DATE SIGNED <b>23Nov60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 23, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	23d. LOCATION (City, town, or county) <b>Belton, Missouri</b>
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24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons</b> ADDRESS <b>Belton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov-23-1960</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Ray Sebra</i>
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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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beltway, Md

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.