

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1296-61-008919  
1296 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1296

AMENDED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</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>Kansas City.</b>			Length of stay in 1b <b>1 Month</b>	c. CITY OR TOWN <b>LEES SUMMIT, MO.</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>VA HOSPITAL, KC, MO.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4 No. Green St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>HENRY C. KUNDERT</b>				First	Middle	Last	4. DATE OF DEATH Month <b>March</b> Day <b>10</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-9-80</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerical</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Office Worker</b>		11. BIRTHPLACE (City and state or country) <b>Delphus, Ohio</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Henry Kundert</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Leonora Kundert</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 6-23-98 to 2-10-99</b>			16. SOCIAL SECURITY NO. <b>VA HOSPITAL RECORDS</b>		17. INFORMANT Address <b>K.C. Mo.</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>PNEUMONIA</b>									
DUE TO (b) <b>CEREBRAL VASCULAR ACCIDENT</b>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>									
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 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 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 <b>2-8-61</b> to <b>3-10-61</b> and last saw <sup>the</sup> him <sub>him</sub> alive on _____ Death occurred at <b>4:50 PM 3-10-61</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Roger L. Youmans</b> (Press or title) <i>Roger L. Youmans MD.</i>				22b. ADDRESS <b>VAH, KC Mo.</b>			22c. DATE SIGNED <b>3/10/61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3/13/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rushville Cemetery</b>		23d. LOCATION (City, town, or county) <b>Rushville Ill.</b>				
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b> ADDRESS <b>Lee's Summit Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-13-61</b>		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>				

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

APR 11 1961

**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 *N. B. Langford*

Licensed Embalmer No. 4962

P. O. Address Leis Summit

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.