

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3618 - 61-029232
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3618

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri Length of stay in lb 41 dys
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Edwardsville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 237 South 102nd Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Clarence Middle Lloyd Last Dunivan
4. DATE OF DEATH Month July Day 19 Year 1961
5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH June 15-1904 9. AGE (last birthday) 57
IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor-Washington High School
10b. KIND OF BUSINESS OR INDUSTRY High School 11. BIRTHPLACE (City and state or country) Luther-Oklahoma
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Dunivan 13b. MOTHER'S MAIDEN NAME Mary Olive Dustin
14. NAME OF HUSBAND OR WIFE Ogel Dunivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on or unknown) (If yes, give war or dates of service) NO
17. INFORMANT Address Edwardsville
Ogel Dunivan 237 So. 102nd. Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peripheral vascular collapse.
DUE TO (b) Peritonitis, and hemorrhage.
DUE TO (c) tear of vessel, perforated peptic ulcer.
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
INTERVAL BETWEEN ONSET AND DEATH 12 hrs
16 hrs

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 6-8-61 Month, Day, Year 7-19-61
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 Edwardsville COUNTY Kansas STATE Ks.

21. I attended the deceased from 6-8-61 to 7-19-61 and last saw him alive on 7-19-61
Death occurred at 3:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William Karl Graham, D.O. 22b. ADDRESS 7548 Leavenworth Rd. Bethel, Mo. 22c. DATE SIGNED 7-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE July 19-61 23c. NAME OF CEMETERY OR CREMATORY Edwardsville Cemetery 23d. LOCATION (City, town, or county) (State) Edwardsville, Kansas
24. FUNERAL DIRECTOR ADDRESS Alden-Hessington & Sons Funeral Home 25. DATE RECD. BY LOCAL REG. 7-20-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF WILLIAM KARL GRAHAM, M.D. MEDICAL CERTIFICATION

MAR 13 1962

0720-10-134

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 H. Summison

Licensed Embalmer No. 2925

P. O. Address KOK.

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.