

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044651

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

District No. 149 Primary Registration District No. 1002 Registrar's No. 6219

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED DEC 22 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 17 years - 20 hours	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5007 CHESTNUT Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDGAR Middle F Last DUNLAP			4. DATE OF DEATH Month December Day 9 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-14-88	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Rockport, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel W. Dunlap		13b. MOTHER'S MAIDEN NAME Hanna E. Huff		14. NAME OF HUSBAND OR WIFE Leota Dunlap		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes 4-25-18 to 5-28-19

17. INFORMANT **Official Records from VA Hospital, Kansas City, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Pulmonary edema**

DUE TO (b) **Probable anaphylactic reaction**

DUE TO (c) **Pontocaine sensitivity**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Fractures 2,3,4,5,6,7,8 and 9 ribs**

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

left, with left hemothorax following auto accident

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.)
Auto accident at 5425 Prospect, K.C. Mo. Police investigated accident

20c. TIME OF INJURY
Hour **12-961** 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 **Kans City Jackson Miss** COUNTY **Jackson** STATE **Miss**

VA Attended the deceased from **8:10PM 12-8-61** to **12-9-61**

Death occurred at **4:30pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
High A. Owens MD

22b. ADDRESS
152 Union Station

22c. DATE SIGNED
12-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
12-12-61

23c. NAME OF CEMETERY OR CREMATORY
Forest Hill

23d. LOCATION (City, town, or county) (State)
Kansas City, Mo

24. FUNERAL DIRECTOR
Melody McAlleey, Elyse Woodland

25. DATE RECD. BY LOCAL REG.
12-11-61

26. REGISTRAR'S SIGNATURE
Ruth Long

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

James E. Hacklema

Licensed Embalmer No. 4573

P. O. Address 15. S me

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.