

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-023073

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2865

FILED JUN 21 1962

VS 300
Rev. 4/59

1
2 3798
3
4 0
5 1
6
7 0
8 1
9332X
10
11
1265-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Leo F. Cooper

USE BLACK INK OR TYPEWRITER RIBBON

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 1b 5 YEARS		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3851 EAST 60TH TERR. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle JACKSON Last GUNIER			4. DATE OF DEATH Month MAY Day 27 Year 1962		
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 8/2/1911	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY MILGRIM FOOD STORES		11. BIRTHPLACE (City and state or country) STOCKTON, MISSOURI	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME EVERETT, GUNIER		13b. MOTHER'S MAIDEN NAME ALPHA HEMBREE	
14. NAME OF HUSBAND OR WIFE MRS. JEAN GUNIER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES WORLD WAR II		16. SOCIAL SECURITY NO. _____	
17. INFORMANT MRS. JEAN GUNIER		Address 3851 EAST 60TH TERR.		City KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line during most of working life, even if retired) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS, Left			INTERVAL BETWEEN ONSET AND DEATH 70 hrs.		
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 condition given in PART I (a) Bronchial Pneumonia; Duodenal ulcer				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 checked="" type="checkbox"/> NO <input 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 _____ s.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 <u>5/25/62</u> to <u>5/27/62</u> and last saw her/him alive on <u>5/27/62</u> Death occurred at <u>10:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leo F. Cooper M.D.		22b. ADDRESS 1220 E. 31st K C Mo		22c. DATE SIGNED 5/28/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAY 29, 1962		23c. NAME OF CEMETERY STOCKTON CEMETERY	
23d. LOCATION (City, town, or county) STOCKTON MISSOURI					
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 5-29-62		26. REGISTRAR'S SIGNATURE Ruth H Long	

Dr. Reg. Z. Cooper
1220 East 31st Street
- 5.30

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 Olson W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

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.