GENERAL INFORMATION
MISSOURI LAW
Missouri law (Revised Statute 1969 194.210) states that any person, eighteen years of age or older, may give the whole or any part of his or her body to any college, university, licensed hospital, or to the State Anatomical Board for use in the manner provided by their will, or for general purposes.

PURPOSE
An anatomical donation is the ultimate gift of life and represents a valuable investment in the future of medical education and research, and thus, improves the quality of human life. Kansas City University has need for anatomical donations in order to carry out educational studies as well as ethical research. Educational studies are normally carried out over a period of approximately one year, but may take up to two years. Research studies are for approximately one year. When donating your body to our University for medical education and research, know that the need is great and that your gift will be valued and honored. Your donation will play a critical role in assisting medical students to master the complex anatomy of the human body and will provide researchers with the essential tools to help our patients of tomorrow. The University does not solicit for donations; rather, it receives them as gifts pursuant to State Law.

PROCEDURE
To make an anatomical gift, the following procedure is followed:

1) A person wishing to make an anatomical gift completes the Certificate for Bequeathal, Medical History, and the Missouri Biostatistical Information forms provided by the University. Return all pages to the University. If the donor is unable to fill out the Bequeathal form, a separate Next of Kin Authorization form must be completed.

2) At the time of death a call is placed to the University's Division of Clinical of Anatomy, (816) 654-7530. A voice-mail message will give instructions. In order to directly reach the Gift Body Program director, call (816) 840-7127. Arrangements will be made by a funeral director to file the death certificate and transport the body to the University. No fees are usually involved in the above process, however, if the place of death is more than 100 miles from the University that additional mileage will be at the expense of the donor's family.

3) Please note that age is not a concern. However, it should be understood that determination of the acceptability of a body can only be made at the time of death, since the cause of death may not permit the body to be usable for medical teaching and research. To avoid undue grief and disappointment to your loved ones, we highly recommend that they should be made aware of these conditions and have alternative plans.

RELIGIOUS VIEWS
Most religions do not object to anatomical donation. If you are in doubt, ask a religious counselor of your faith.

FINAL DISPOSITION
Upon completion of educational studies, the remains are cremated. The instructions on the donor's Disposition of Ashes form are specifically followed as to the disposition of the cremains. The donor has the option of having the cremains interred at a University-owned grave site, located in a Kansas City, Missouri, cemetery; the cremains returned directly to the family; or the cremains returned by registered mail to a cemetery, a funeral home, or the family.

MEMORIAL SERVICE
A memorial service is held annually on the Kansas City University of Medicine and Biosciences campus. The donor's family will receive notification of the date and time of the ceremony, should they wish to attend.

Status: Pending
MISSOURI BIOSTATISTICAL INFORMATION

Donor's Name: __________  __________  __________  __________  __________  __________
  (First)  (Middle)  (Last)  (Maiden if Female)  (Social Security Number)

Address: ________________________________  ________________________________
  (Address)  (City)  (State)  (Zip Code)

In or outside city limits: __________  Home Telephone Number: (_______) ______________________

Email: ________________________________  Left or Right Handed  Date of Birth: ________________________________
  (Please Circle One)

Place of Birth: ________________________________  Height: ______  ______
  (City)  (State)  (Feet)  (Inches)  (Pounds)

Marital Status: ________________________________  Sex: ______  ______
  (Single, Married, Widow, or Divorced)  (Male)  (Female)

Full Name of Spouse: ________________________________  (If Wife, Maiden Name)
  (First)  (Middle)  (Last)

Full Name of Father: ________________________________
  (First)  (Middle)  (Last)

Full Name of Mother: ________________________________  (Maiden Name)
  (First)  (Middle)  (Last)

Armed Forces: ______  ______  Race: ________________________________
  (Yes)  (No)

Highest Grade Completed: ________________________________

Occupation: ________________________________  Kind of Business: ________________________________
  (Now or before retirement)

Any physical handicaps or unusual conditions: ________________________________

____________________________________________________________________________________

Name of the Next of Kin or Informant: ________________________________
  (First)  (Middle)  (Last)

Next of Kin Home Address: __________________________________________
  (Street)  (City)  (State)  (Zip Code)

Next of Kin Contact Number: (____)________________________  Next of Kin Email: ________________________________

Best Time to Call: ________________________________  Next of Kin Relationship to Donor: ________________________________

Additional Next of Kin Name, Address and Phone:

____________________________________________________________________________________

Status: Pending
CERTIFICATE FOR BEQUEATHAL

I, ____________________________________________________________
(typed or printed name)

hereby bequeath and donate my body, immediately following my death to
Kansas City University of Medicine and Biosciences
1750 Independence Avenue, Kansas City, Missouri 64106-1453

My body is bequeathed for medical education AND/OR research such as the medical institution
shall decide. I understand that if my body is used for medical education it may be transferred to
another medical institution, should the need be greater there. I understand that should my body
be used for research purposes it will remain in KCU custody at all times. I further understand that
bodies donated for medical education are generally held for up to two years before ashes can be
returned and that bodies donated for research are generally held for up to one year before ashes
can be returned.

_____________________________________________  _____________________________
Signature                                      Witness
_____________________________________________
Address                                        Address
_____________________________________________
Address                                        Address
_____________________________________________
SS#                                            Witness
_____________________________________________
Birthdate                                      Address
_____________________________________________
Date                                            

Status: Pending
I, __________________________________________, being the next-of-kin or legal representative of ______________________________ do hereby bequeath and donate (her/his) body for:

☐ Medical education AND/OR research such as the medical institution shall decide. I understand that if this gift is used for medical education it may be transferred to another medical institution, should the need be greater there. I understand that should my gift be used for research purposes it will remain in KCU custody at all times. I further understand that bodies donated for medical education are generally held for up to two years before ashes can be returned and that bodies donated for research are generally held for up to one year before ashes can be returned.

☐ ONLY medical education such as the medical institution shall decide. I further understand that bodies donated for medical education are generally held for up to two years before ashes can be returned.

To Kansas City University of Medicine and Biosciences
1750 Independence Avenue, Kansas City, Missouri 64106-1453

Signature of Next of Kin: ____________________________________________________________

Date: ________________________________

Address: ________________________________________________________________

_______________________________________________________________

Telephone: ( )__________________________

Area Code

Decedent’s Date of Birth: _______________________________________________________

Relationship to Decedent: _______________________________________________________

____________________________________________________________________________

Witness: ______________________________________ DATE: _______

Address: ________________________________________________________________

Witness: ______________________________________ DATE: _______

Address: ________________________________________________________________

Status: Pending
Medical History Form

I (or the Donor’s legal representative), ________________________________,
(Full Name Last, First, Middle — print or typed)

Do hereby give my written permission for the release of my (the donor's) medical records on file at the time of death to Kansas City University of Medicine and Biosciences, 1750 Independence Avenue, Kansas City, Missouri 64106-1453 for the purpose of medical education and/or ethical research.

The Gift Body Program cannot accept donors who have Hepatitis B or C, HIV/AIDS, Tuberculosis, Syphilis, Staph, VRE or MRSA. The Gift Body Program cannot accept overly obese individuals determined on a height and weight basis.

The following is a history of surgeries:

________________________________________________________________________

________________________________________________________________________

Life-long Illnesses (e.g. Diabetes, high-blood pressure, blood diseases, COPD, etc)

________________________________________________________________________

________________________________________________________________________

Current Medications:

________________________________________________________________________

________________________________________________________________________

The Gift Body Program will decline donors who have Hepatitis B or C, HIV/AIDS, Tuberculosis, Syphilis, Staph, VRE or MRSA. The Gift Body Program cannot accept overly obese individuals determined on a height and weight basis. By signing this form, we agree to the restrictions listed here.

Donor/Representative Signature __________________________ Date __________

Donor/Representative Address ________________________________

Status: Pending
DISPOSITION OF ASHES FOR GIFT BODY PROGRAM DONORS

Please indicate your wishes for the disposition of the ashes of ______________________ in the appropriate space below.

We/I would like the ashes returned to us by registered mail at:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

(Signature and date)

We/I would like to meet you at the University to receive the ashes.

_________________________________________________________________________

(Signature and date)

We/I would like the ashes buried at Park Lawn Cemetery in Kansas City University of Medicine and Biosciences’ grave site.

_________________________________________________________________________

(Signature and date)

We/I would like to make other arrangements as indicated below:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

(Signature and date)