

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



Kansas City University

OF MEDICINE AND BIOSCIENCES

Division of Clinical Anatomy

1750 Independence Avenue

Kansas City, MO 64106-1453

Phone (816) 654-7530, Fax (816) 654-7531

MISSOURI BIostatistical INFORMATION

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

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

Home Telephone Number: (____) _____ Left or Right Handed In or outside city limits: _____
(Please Circle One)

Place of Birth: _____ Date of Birth: _____
(City) (State)

Height: _____ Weight: _____ Marital Status: _____
(Feet) (Inches) (Pounds) (Single, Married, Widow, or Divorced)

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: _____ Sex: _____
(Yes) (No) (Male) (Female)

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 Home Telephone #: (____) _____ Next of Kin Work Telephone #: (____) _____

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

Additional Next of Kin Name, Address and Phone: _____



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 _____
_____	_____
SS# _____	Witness _____
Birthdate _____	Address _____
Date _____	_____



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



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)

Status: Pending