



**State of Missouri
Department of Social Services
Contract Amendment**

Contract Description:
Medical Consulting: Autopsy Services
Amendment Description:
Contract Renewal and Deletion of Pathologist

Contract #: **AOC15380111**

Amendment # **004**

Effective Date: **July 1, 2016**

Contractor Information:

Contractor Name: **County of Jackson Medical Examiner's Office**
Mailing Address: **950 East 21st Street**
City, State Zip: **Kansas City, MO 64108**

The above referenced contract between County of Jackson Medical Examiner's Office and the Department of Social Services is hereby amended as follows:

1. The contract is renewed for the period July 1, 2016 through June 30, 2017.
2. Section 3.6 has been amended to delete Mary Dudley, MD, License # 2001010857.
3. This amendment shall be effective July 1, 2016. All other terms and conditions shall remain unchanged.

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**In witness thereof, the parties below hereby execute this agreement.**

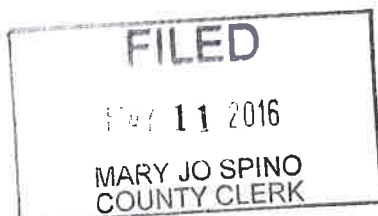
Authorized Signature for the Contractor

Frank White, Jr., County Executive  
Title

4/28/16  
Date

Authorized Signature for the Department of Social Services

5-2-16  
Date



APPROVED AS TO FORM

County Counselor

ATTEST:

Clerk of the County Legislature



**State of Missouri  
Department of Social Services  
Contract Amendment**

*Contract Description:*  
**Medical Consulting: Autopsy Services**  
*Amendment Description:*  
**Contract Renewal**

Contract #: AOC15380111

Amendment # 003

Effective Date: July 1, 2015

**Contractor Information:**

Contractor Name: **County of Jackson Medical Examiner's Office**  
Mailing Address: **660 E. 24<sup>th</sup> Street**  
City, State Zip: **Kansas City, MO 64108**

The above referenced contract between County of Jackson Medical Examiner's Office and the Department of Social Services is hereby amended as follows:

1. The contract is renewed for the period July 1, 2015 through June 30, 2016.
2. This amendment shall be effective July 1, 2015. All other terms and conditions shall remain unchanged.

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In witness thereof, the parties below hereby execute this agreement.

The signature of the contractor is not required on this document.

Authorized Signature for the Contractor

Title

Date

Patrick Schelberg mm

Authorized Signature for the Department of Social Services

4-10-15

Date