

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41682
5452
Registrar's No. 1007

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007

1. PLACE OF DEATH a. COUNTY JACKSON 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 35 YEARS		d. STREET ADDRESS (If rural, give location) 4331 THE PASEO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4331 THE PASEO			

3. NAME OF DECEASED (Type or Print)	a. (First) LESLIE	b. (Middle) J.	c. (Last) KYNETT	4. DATE OF DEATH (Month) (Day) (Year) DEC-15-1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-8-1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY CONTINENTAL GROCERY	11. BIRTHPLACE (State or foreign country) HAMBURG IOWA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME XENOPHON W. KYNETT SR.	13b. MOTHER'S MAIDEN NAME CORDELIA BAYES	14. NAME OF HUSBAND OR WIFE MRS. HELEN KYNETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-05-8726	17. INFORMANT'S SIGNATURE OR NAME MRS. HELEN KYNETT	ADDRESS 4331 THE PASEO KANSAS CITY MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis-heart disease		INTERVAL BETWEEN ONSET AND DEATH 10 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4200
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive vascular disease		15 years.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from November, 1949, to 15 December 1951, that I last saw the deceased alive on 15 Dec, 1951, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Blaine Z. Hibbard (Degree or title) M.D.	23b. ADDRESS 4112 Nichols Rd. K.C. Mo.	23c. DATE SIGNED 17 Dec 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC-18-1951	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 12-18-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

130-5-80

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
Student Embalmer

Signed *Robert Ram*
Licensed Embalmer No. *14182*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.