

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20544**  
**2594**

FILED JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

|                                                                                                 |  |                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>                                             |  |
| c. LENGTH OF STAY (in this place) <b>22 years</b>                                               |  | d. STREET ADDRESS (If rural, give location) <b>6010 Brookside Blvd. 389</b>                                                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6010 Brookside Blvd</b>                              |  | e. FULL NAME OF HOSPITAL OR INSTITUTION <b>6010 Brookside Blvd</b>                                                                          |  |

|                                                                    |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) <b>Dorothy Caswell Kinsley</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 7 1952</b> |
|--------------------------------------------------------------------|----------------------------------------------------------|

|                      |                               |                                                                       |                                       |                                             |                                  |                                  |                           |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------------|----------------------------------|----------------------------------|---------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>March 2, 1906</b> | 9. AGE (In years) (last birthday) <b>46</b> | IF UNDER 1 YEAR Months <b>46</b> | IF UNDER 12 HRS. Hours <b>46</b> | IF UNDER 1 MIS. <b>46</b> |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------------|----------------------------------|----------------------------------|---------------------------|

|                                                                                                          |                                                     |                                                                                |                                            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Union Bank</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Miami County, Kansas</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------|

|                                         |                                                |                                                      |
|-----------------------------------------|------------------------------------------------|------------------------------------------------------|
| 13a. FATHER'S NAME <b>C. H. Caswell</b> | 13b. MOTHER'S MAIDEN NAME <b>Millie Newton</b> | 14. NAME OF HUSBAND OR WIFE <b>Albert S. Kinsley</b> |
|-----------------------------------------|------------------------------------------------|------------------------------------------------------|

|                                                                                                                    |                                            |                                                            |                                             |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>440-05-1062</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Albert S. Kinsley</b> | ADDRESS <b>6010 Brookside Blvd. K.C. Mo</b> |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|---------------------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                               |      |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                         |      | INTERVAL BETWEEN ONSET AND DEATH <b>2 min.</b> |
|                                                                                                                                                                                                                                 | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>                                                                           |      | 5 months                                       |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>U.S. Heart Disease</b> |      |                                                |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                             |                                                                                                                                                               | 4250 |                                                |

|                        |                                  |                                                                                  |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|----------------------------------------------------------------------------------|

|                                          |                                                                                          |                                                 |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

|                                                        |                                                                                                        |                            |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 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? |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|

22. I hereby certify that I attended the deceased from **Jan 28, 1952** to **June 7, 1952**, that I last saw the deceased alive on **June 7, 1952**, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

|                                                     |                                                      |                                      |
|-----------------------------------------------------|------------------------------------------------------|--------------------------------------|
| 23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title) | 23b. ADDRESS <b>6305 Brookside Plaza Kansas City</b> | 23c. DATE SIGNED <b>June 7, 1952</b> |
|-----------------------------------------------------|------------------------------------------------------|--------------------------------------|

|                                                         |                              |                                                               |                                                                           |
|---------------------------------------------------------|------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>JUNE 9 1952</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b> |
|---------------------------------------------------------|------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------|

|                                        |                                               |                                                             |                                |
|----------------------------------------|-----------------------------------------------|-------------------------------------------------------------|--------------------------------|
| DATE REC'D BY LOCAL REG. <b>6-9-52</b> | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcome's Sons</b> | ADDRESS <b>Kansas City, Mo</b> |
|----------------------------------------|-----------------------------------------------|-------------------------------------------------------------|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4:50-1X:00

**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 John R. Sidman

Licensed Embalmer No. 4531

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.