

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14294

State File No. 2057

FILED MAY 8 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 1 WK	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8150 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 1739 South 12th St.	

3. NAME OF DECEASED (Type or Print) Eliza Viola Kenton			4. DATE OF DEATH April 15 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29 1873		9. AGE (In years, last birthday) 75 79
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Columbia, Missouri 0	
13a. FATHER'S NAME John McCoy			13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE John F. Kenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME John F. Kenton (Husband) ADDRESS KCK			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia terminal				INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Cerebral hemorrhage	DUE TO (c) Arteriosclerosis, cerebral			10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility				33 1/2

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)	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 April 7, 1953, to April 15, 1953, that I last saw the deceased alive on April 15, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E.G. Neighbor, MD (Degree or title) E. G. Neighbor MD	23b. ADDRESS 1420-South 42-Street, K.C.K.		23c. DATE SIGNED 4-17-53
24a. BURIAL, CREMATION, REMOVAL	24b. DATE April 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 4-17-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK	
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USE PREVIOUS EDITIONS—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

957

MAR 9 1956

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

H. Linnison

Licensed Embalmer No. 3903

P. O. Address N E K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.