

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

State File No. **41044**  
Registrar's No. **5700**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <b>JACKSON</b>			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. LENGTH OF STAY (in this place) <b>30 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>4941 AGNES AVENUE</b>		

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>ALICE</b>	b. (Middle) <b>JANE</b>	c. (Last) <b>KINNAMON</b>	(Month) <b>DECEMBER</b>	(Day) <b>10</b>	(Year) <b>1954</b>
<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> July 18, 1901		<b>9. AGE</b> (In years last birthday) <b>53</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) HOUSEWIFE		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> AT HOME	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) HUTCHINSON, KANSAS		<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.

<b>13a. FATHER'S NAME</b> THOMAS CORDRY	<b>13b. MOTHER'S MAIDEN NAME</b> ELMIRA PECKHAM	<b>14. NAME OF HUSBAND OR WIFE</b> CHARLES R. KINNAMON
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No	<b>16. SOCIAL SECURITY NO.</b> 497-24-9045	<b>17. INFORMANT'S SIGNATURE OR NAME</b> CHARLES R. KINNAMON	<b>ADDRESS</b> 4941 AGNES, K.C. MO.
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>EXTENSIVE L. CEREBRAL ENCEPHALOMALACIA</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1-4 DAYS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>EXTENSIVE L. CEREBRAL</b>		
	DUE TO (c) <b>HEMOBARRAGE</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 12-9 1954, to 12-10, 1954, that I last saw the deceased alive on 12-9, 1954, and that death occurred at 9:00 a. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>P. C. Quistgard</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>6700 Parkway K.C. Mo.</u>	<b>23c. DATE SIGNED</b> <u>12-10-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> BURIAL	<b>24b. DATE</b> DEC 13, 1954	<b>24c. NAME OF CEMETERY OR CREMATORY</b> MEMORIAL PARK CEMETERY	<b>24d. LOCATION</b> (City, town, or county) (State) KANSAS CITY MISSOURI
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<b>DATE REC'D BY LOCAL REG.</b> 12-13-54	<b>REGISTRAR'S SIGNATURE</b> neva minshall	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> N. H. Newcomer, Inc., Kansas City, Mo.	<b>ADDRESS</b> 1331 BRUSH CREEK
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 3 1955

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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.....  
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *492*

P. O. Address *CC W*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.