

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11995**

FILED MAY 16 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1797

1. PLACE OF DEATH
a. COUNTY **Jackson**

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 OR TOWN **Kansas City**

d. Is residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) **8 years**

e. STREET ADDRESS (If rural, give location) **Gardner & Topping**

3. NAME OF DECEASED (Type or Print) a. (First) **Timothy** b. (Middle) _____ c. (Last) **Kennedy** 4. DATE OF DEATH (Month) (Day) (Year) **4 22 1955**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single** 8. DATE OF BIRTH **Aug. 20, 1879** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Construction**

11. BIRTHPLACE (City and State or Foreign Country) **Doniphan, Kansas.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **unknown**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no none**

16. SOCIAL SECURITY NO. **1473 18 0584**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Glen Pearce, Kansas City, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of stomach with widespread metastases**
ANTECEDENT CAUSES **metastases**
DUE TO (b) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **151X**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **April 11, 1955**, to **April 22, 1955**, that I last saw the deceased alive on **April 22, 1955**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns** (Degree or title) **M.D.** 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **4-22-55**

24a. BURIAL, CREMATION (REMOVAL) (Specify) **Burial** 24b. DATE **4/25/55** 24c. NAME OF CEMETERY OR CREMATORY **Salem Cemetery** 24d. LOCATION (City, town, or county) (State) **Jackson County, Mo.**

DATE REC'D BY LOCAL REG. **4-23-55** REGISTRAR'S SIGNATURE **neva minshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Geo. C. Carson Independence, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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..... Charles E. Schroeder

Licensed Embalmer No. 474

P. O. Address Independen

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.