

33336

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4477

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 admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 25 YEARS		c. CITY OR TOWN KANSAS CITY		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				e. STREET ADDRESS (If rural, give location) 807 West 48th. St. 72-807 WEST 48TH ST. 24TH STREET			
3. NAME OF DECEASED (Type or Print) a. (First) JOEL		b. (Middle) KENNEDY		c. (Last) KNOOP		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER-17-1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY-26-1894	
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION CO.		11. BIRTHPLACE (City and State or Foreign Country) VERSAILLES MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN WILLIAM KNOOP		13b. MOTHER'S MAIDEN NAME ANNIE R. KENNEDY		14. NAME OF HUSBAND OR WIFE MRS. CAROLYN R. KNOOP	
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. 510-03-6725		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CAROLYN R. KNOOP 807 W. 48th St. KANSAS CITY, MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Genic Calcemia (b) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 6 Mo	
19a. DATE OF OPERATION 8/25		19b. MAJOR FINDINGS OF OPERATION Removal of gland for microscopic				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 (Month) (Day) (Year) (Hour) OF INJURY	
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 4, 1955, to Oct 17, 1955, that I last saw the deceased alive on Oct 17, 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert C. Davis (Degree or title) D				23b. ADDRESS 870 prof Bldg		23c. DATE SIGNED 10/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-19-1955		24c. NAME OF CEMETERY OR CREMATOR VERSAILLES CEMETERY		24d. LOCATION (City, town, or county) (State) VERSAILLES MISSOURI	
DATE REC'D BY LOCAL REG. 10-19-55 neva minshall				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.H. Newcomer 1331 BRUSH Caper KANSAS CITY, 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 *Basil V. Honey*

Licensed Embalmer No. *4702*

P. O. Address *F.C. M.*

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.