

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9206**

FILED MAR 27 1956

1023

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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 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"/>
c. LENGTH OF STAY (in this place) <b>44 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>400 S. Topping</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>B.</b> c. (Last) <b>Maness</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 7 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-2-1893</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ENGINE MFG. CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WARRENSBURG, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Joseph M. Maness</b>		13b. MOTHER'S MAIDEN NAME <b>Emma C. Collins</b>	
13c. NAME OF HUSBAND OR WIFE <b>Hattie Maness</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-01-9519</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. Hattie Maness</b>		18. ADDRESS <b>K.C. Mo.</b>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic pyelonephritis</b>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
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 Feb. 29, 1956, to March 7, 1956, that I last saw the deceased alive on March 7, 1956, and that death occurred at 6:27P m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>3-8-1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/9/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gen. C. CARSON</b>		ADDRESS <b>Independence, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-8-56</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>			

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 em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. H. Gibson*

Licensed Embalmer No. 48

P. O. Address *Indep., 7.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.