

FILED MAR 20 1957

STANDARD CERTIFICATE OF DEATH

State File No. **8749**
Registrar's No. **1002**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL, and give township) Kansas City		c. LENGTH OF STAY (In this place) 3 days	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital		e. STREET ADDRESS (If rural, give location) 1739 South 12th St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) F. c. (Last) Kenton			4. DATE OF DEATH (Month) (Day) (Year) Mar. 1, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work including exact or approximate hours if retired) Ret. Rock Island Elevator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME (No Data) Kenton		13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE Mrs Myrtle Kenton (Wife)	
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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. 495-24-8394		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle Kenton KC Ks (Wife) K.C.K.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 days
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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 **6/13, 1956**, to **3/1, 1957**, that I last saw the deceased alive on **2/28, 1957**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. M. Pierce (Degree or title)		23b. ADDRESS Turner Kansas		23c. DATE SIGNED 3/2/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar 4 1957		24c. NAME OF CEMETERY OR CREMATORY A Maple Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	

DATE REC'D BY LOCAL REG. 3-4-57		REGISTRAR'S SIGNATURE Neva Minshel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK	
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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 *Max C Meyer*.....

Licensed Embalmer No. *452*.....

P. O. Address *K.C. Mo.*.....

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.