

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014341
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1886

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2433 Quincy</u>			Length of stay in lb <u>17 Yrs</u>		d. STREET ADDRESS (If outside, give location) <u>2433 Quincy</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>KENNETH</u> Middle <u>RODNEY</u> Last <u>MILLS</u>				4. DATE OF DEATH Month <u>4</u> Day <u>10</u> Year <u>1958</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2 26 1941</u>		9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>17</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> Min. <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Butler, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Kenneth E. Mills</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kathleen Underwood</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mr. Kenneth E. Mills</u> Address <u>2433 Quincy, K.C.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death by strangulation</u> DUE TO (b) <u>car falling on head</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>89100 22</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Working under a car fork</u>					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. <u>4:10</u> p.m. <u>58</u>			20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Home</u>					
20e. PLACE OF INJURY (e.g., farm, factory, street, office bldg., etc.) <u>Home</u>			20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Jackson</u> STATE <u>MO</u>			
21. I attended the deceased from _____, to _____ and last saw her/him, alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens, Coroner</u>				22b. ADDRESS <u>134 Patton Bldg</u>		22c. DATE SIGNED <u>4-11-58</u>		
22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22e. DATE <u>4-12-1958</u>	22f. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		22g. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
24. FUNERAL DIRECTOR <u>Floral Hills Mem. Chapels, Inc</u>			25. DATE RECD. BY LOCAL REG. <u>4-12-58</u>		26. REGISTRAR'S SIGNATURE <u>neva marshall</u>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

OWENS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens



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 *J. H. Mofsinger*
Licensed Embalmer No. *3938*
P. O. Address *J. 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.