

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025600  
STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3369

300  
1-57

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		Length of stay in lb 57 YEARS	d. STREET ADDRESS (If outside, give location) 5437 HIGHLAND AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GERTRAUDE KENNEDY			4. DATE OF DEATH Month Day Year JULY 7 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 26. 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER		10b. KIND OF BUSINESS OR INDUSTRY CONSUMERS CO-OP		11. BIRTHPLACE (City and state or country) KANSAS CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ANDREW T. ROLLINS		13b. MOTHER'S MAIDEN NAME MARY BELLE McCOLLUM		14. NAME OF HUSBAND OR WIFE RALPH W. KENNEDY	
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. 486-26.6599		17. INFORMANT RALPH W. KENNEDY Address 5437 HIGHLAND AVENUE KANSAS CITY, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Neurostatic Pneumonia</i> DUE TO (b) <i>Metastatic</i> DUE TO (c) <i>Primary Cystadenocarcinoma L.O.G.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>numerous Metastatic Deposits. Met on top</i>					INTERVAL BETWEEN ONSET AND DEATH 4 8 hrs 2 mo 17 days 5 mo
20a. ACCIDENT <input 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.) 1950		
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from April 1949 to July 7 58 and last saw her alive on July 7 58 Death occurred at 12:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Wm. W. Thompson</i> (Degree or title)			22b. ADDRESS No 621 1/2 Poplar St. 15 C. MO. 7-7-58		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 9. 1958	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 7-9-58	26. REGISTRAR'S SIGNATURE <i>Wm. W. Thompson</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Wm. W. Thompson on

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.

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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 *Mammie D. Prestons*

Licensed Embalmer No. *5040*

P. O. Address *Kansas City, 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.