

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039245  
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 5219

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Clay</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Clay</i>		
b. CITY OR TOWN <i>Kansas City North</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City North</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4813 No. Wabash</i>		Length of stay <i>1 1/2</i> days	d. STREET ADDRESS (If outside, give location) <i>4813 No. Wabash</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Wood</i> Middle <i>D.</i> Last <i>Kennedy</i>			4. DATE OF DEATH Month <i>November</i> Day <i>8</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>November 26, 1901</i>	9. AGE (In years last birthday) <i>56</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Freight clerk C.B. &amp; Q.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>R. R.</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Charles S. Kennedy</i>		13b. MOTHER'S MAIDEN NAME <i>Ida M. Dennis</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Olive Kennedy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>707-07-6977</i>	17. INFORMANT Address <i>Mrs. Olive Kennedy-4813 N. Wabash K.C. Mo.</i>			
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>Coronary occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Coronary arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Probably yes</i>
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.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>July 1958</i> to <i>Mar 8, 1958</i> and last saw him alive on <i>Mar 8, 1958</i> Death occurred at <i>5:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Robert H. Hodge</i>			22b. ADDRESS <i>329 Arman north K.C. Mo</i>		22c. DATE SIGNED <i>11-8-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-11-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>A.W. Newcomer's Sons</i>		25. DATE RECD. BY LOCAL REG. <i>11-10-1958</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Robert H. Hodge

All diseases in Part I must be causally related.



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 *John H. Kalsbeck* .....

Licensed Embalmer No. *4949* .....

P. O. Address .....

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.