

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

59-021465

STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3147

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>Wagon Mound</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VA HOSPITAL INSTITUTION		Length of stay in 1b. <b>3 DAY</b>	d. STREET ADDRESS (If outside, give location) <b>1616 New Jersey</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JOHN THOMAS KANE</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>26</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-27-93</b>
9. AGE (In years) <b>65</b> (birth day)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
<b>Supt. of Laundry</b>		<b>Laundry</b>	<b>Meridan, Kansas</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME	
<b>U.S.A.</b>		<b>William Kane</b>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<b>Ellen Gagerty</b>		<b>Sarah Kane</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if or unknown) <b>8/5/17 to 5/10/19</b>		16. SOCIAL SECURITY NO. <b>495-07-9622</b>	17. INFORMANT Address <b>Official Records VA Hospital, K.C., Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b> DUE TO (b) <b>Congestive Heart Failure</b> 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 <b>4341</b>
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 <b>6-23-59</b> to <b>6-26-59</b> Death occurred at <b>11:45</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Andrew J. Randolph</i>	
22b. ADDRESS <b>VA HOSPITAL, K.C., MO.</b>		22c. DATE SIGNED <b>6-27-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>REMOVAL</b>	<b>JUNE 28, 1959</b>	<b>CHAPEL HILL</b>	<b>KANSAS CITY, KANS</b>
24. FUNERAL DIRECTOR ADDRESS <b>D.W. Newcomer Sons 14.615</b>		25. DATE RECD. BY LOCAL REG. <b>6-27-59</b>	26. REGISTRAR'S SIGNATURE <i>neva marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

with, share, ic, ice

7 0

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 *Jose T. Owen* .....

Licensed Embalmer No. *4483* .....  
P. O. Address *Kansas* .....

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.