

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024519

FILED JUL 16 1959

Registration District No. 72 Primary Registration District No. 4134 STATE FILE NUMBER Registrar's No. 118

300
-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Holt Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hosp.		Length of stay in lb 3 Days	d. STREET ADDRESS (If outside, give location) 600 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle L. Last Kennedy			4. DATE OF DEATH Month June Day 28 Year 1959
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1895
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 3 Days 3	IF UNDER 24 HRS Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Trible B Const.	11. BIRTHPLACE (City and state or country) Bucklin, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Kennedy	
13b. MOTHER'S MAIDEN NAME Bridget Mahoney		14. NAME OF HUSBAND OR WIFE unknown	
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. 500-44-4686	17. INFORMANT Address Agnes Taylor 3964 Warwick K.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pneumothorax Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Multiple, severe rib fractures DUE TO (c) Fall from 2nd story roof 9020			INTERVAL BETWEEN ONSET AND DEATH 1 day 2 day 2 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 21			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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.) Fell from roof	
20c. TIME OF INJURY Hour 9:00 a.m. Month, Day, Year 6-26-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Holt		20f. COUNTY STATE Clay Mo.	
21. I attended the deceased from 6-26-59 to 6-28-59 and last saw her/him alive on 6-28-59 Death occurred at 5:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul P. Pasley Jr		22b. ADDRESS Smithville Mo	22c. DATE SIGNED 7-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Tyler-Pasley Liberty, Mo.		25. DATE RECD. BY LOCAL REG. 7-1-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 12 1958

OCT 30 1959



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 Parley*

Licensed Embalmer No. *4308*

P. O. Address *Liberty, N.J.*

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.