URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-032404

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4579 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City Missouri
Length of stay in 1b: 66 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3323 Euclid
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Sue Middle: Ellen Last: Hynes
4. DATE OF DEATH: Month: 9 Day: 20 Year: 59
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-29-93
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John D. Cuminsey
13b. MOTHER'S MAIDEN NAME: Maude Dixon
14. NAME OF HUSBAND OR WIFE: Arthur S. Hynes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 497-36-2711
17. INFORMANT: Juanita Glover Address: 3323 Euclid

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 JAN. 1955 to 9-20-59 and last saw her alive on 9-20-59
Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or Title): John B. Justus MD
22b. ADDRESS: 4620 Nichols Pkwy K.C. Mo.
22c. DATE SIGNED: 9-21-59

BY AFFIDAVIT OF John B. Justus

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/23/1959
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS: Earp & Sons 4707 Truman Rd.
25. DATE RECD. BY LOCAL REG.: 9-21-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed William H. Carp

Licensed Embalmer No. 4728

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.