URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-040159

FILED VS DEC 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5557 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 60 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph 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) 3637 Pennsylvania — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Frances Middle: Last: Kinney

4. DATE OF DEATH Month Day Year: November 18, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-17-1889
9. AGE (last birthday): 70 — 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: Home
11. BIRTHPLACE (City and state or country): Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm. McGraw
13b. MOTHER'S MAIDEN NAME: Mary Ann Crafton
14. NAME OF HUSBAND OR WIFE: Thomas R. Kinney

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.: 497-36-6146
17. INFORMANT: Thomas R. Kinney, 3637 Penn St. K.C.Mo. Address

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) Adenocarcinoma of ovary & intestines — INTERVAL BETWEEN ONSET AND DEATH: 6 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cholecystitis & lithiasis — 6 MO
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 Jun-59 to 11-18-59 and last saw her alive on 11-17-59
Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John T. Skinner (Degree or title) MD
22b. ADDRESS 1102 Ascad. K.C.Mo
22c. DATE SIGNED 11-18-59

BY AFFIDAVIT OF John T. Skinner

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-20-1959
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar, 20 W. Linwood K. C. Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 11-18-59
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 n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm H Zentz

Signature of Student Embalmer

Licensed Embalmer No. 5038

P. O. Address K.C. Mo.

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